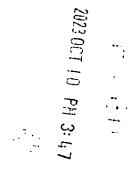


(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(<u>8</u> u	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





10/10/23--01018--005 **25.00





ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Ozone TCG LLC (Name of the Limited Liability Company as (A Florida Limited Liability Company)	it now appears on our reco y Company)	rds.)	
The Articles of Organization for this Limited Liability Company were	filed on		and assigned
Florida document number			-
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability of	company here:		
he new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LI	.C" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:			·
Principal office address MUST BE A STREET ADDRESS)			2073
<u> </u>			300
			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
		·	3: L
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	ess on our records, <u>ente</u>	er the name	<u> </u>
Name of New Registered Agent:			
New Registered Office Address:	/		
	Enter Florida street addr	ess	
		lorida	
-	Zin [,]		Zıv Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kaia Meadous	41334. US Huy 19 N # 1076,	
		Tarpon Springs, FL 34689	□ Remove
			□Change
			□ Remove
			□ Change
			□ Add
			□ Remove
			□Change
			□ Add
			🖸 Remove
			⊡Change
			□Add
			□ Remove
			□Change
			🗆 Add
			□Remove
			Change

_	\$25 accompanying check is sent separately through business
_	banking service (Novo, Middlesex Federal Savings) as they do
_	not issue standard paper checks.
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if an effe Note:	ve date, if other than the date of filing: S/24/2023 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
d is fil	
Dated .	8/23/23 Signature of a mumber or authorized suprescentation of a mamber
	hur 30
	Comment of the contract of the
	Signature of a member or authorized representative of a member