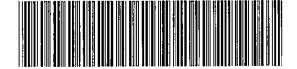
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S. ROBERTS

## **COVER LETTER**

TO: Registration Section Division of Corporations	
553 116	
SUBJECT: Name of Limited Liability Company	_
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MICHAELD. FINN, ESQ.	_
FINN LAW GROUP	
8380 BRY PINES BLUD.	
St. Petersburg FL, 3378 City/State and Zip Code	29
Michaeld F. JA @ FINNLAWGROUP, COM E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Michael Finn at (127) 114-0700 Name of Person Num	107
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certified Copy Certified Copy (additional copy is enclosed) Certified Copy Certified Copy (additional copy is enclosed)	0 Filing Fee, ficate of Status & fied Copy (onal copy is enclosed)
Mailing Address:  Registration Section  Street Address:  Registration Section	
Division of Corporations Division of Corporations	
P.O. Boy 6327 The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

y as it now appears on our records.) ability Company)	
vere filed on 6 13 2022	_ and assigned
ity company here:	
y Company," the designation "LLC" or the abbr	eviation "L.L.C."
769 DODECANES	E BLUD
TARJUN SPIZINGS	FC 3960
NA	2023
	,`
	•
ldress on our records, enter the name	of the new registered
	<u>क</u>
/A	
	<del></del>
Enter Florida street address	
, Florida	Zin Code
	ity company here:  OFAR LLC  y Company," the designation "LLC" or the abbre  769 DODECANES  TARPON SPRINGS  N/A  Enter Florida street address

## New Registered Agent's Signature, if changing Registered Agent:

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

MGR = M AMBR = A	anager uthorized Member	NA	
<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
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If an effe <u>Note:</u> I	tive date, if other than the date of filing:  (optional)  (optional)  (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	A $b$ $OOL$
	// Shinature of a member or authorized representative of a member
	Standard of a member or authorized representative of a member  MCHAEL D. FLWN

Filing Fee: \$25.00