122000281519

(Requestor's Name)
(Address)
(Address)
, ,
(City (Change City (Change 4))
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
` '
Cartified Casins Cartificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000388717110

LLC amend

06/01/22 - 01005 --014 **25.00

A. RAMSEY JUN 2 9 2022



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

OAKREED CAPITAI	L LLC			
	· · · · · · · · · · · · · · · · · · ·			
				Art of Inc. File
				LTD Partnership File
			<u> </u>	Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
_				Vehicle Search
<u> </u>				Driving Record
Requested by: SETH	06/28			UCC 1 or 3 File
Name	Date	Time		UCC Search
				UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

Registration Section

TO:

Division of C	orporations			
	ED CAPITAL LLC			
SUBJECT:				
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Eric Jacobs			
		Name of Person		
	Nexterra Law			
		Firm/Company		
	1680 Michigan Ave Suite	700 #182		
		Address		
	Miami Beach, FL 33139			
		City/State and Zip Code		
	NORMA@NEXTERRAL	NW.COM		
	E-mail address: (to be used for future annual report noti	fication)	
For further information	concerning this matter, please of	ali:		
Eric Jacobs		954 929 0 679		
Name	of Person	at ()	e Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Con The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IFIL.ED

OAKREED CAPITAL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company	were filed on	06/21/22	and assigned
Florida document number L22000281519				
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility compan	<u>v here</u> :	
N/A				
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," t	he designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or ragent and/or the new registered office address		address on ou	r records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:	N/A			<u></u>
New Registered Office Address:		Enter	Florida street address	
	, Florida			
		City		Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as p registered office	performance provided for i	of my duties, and n Chapter 605, F.S	I am familiar with and S. Or, if this document is

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	Laurent Saltiel	488 NE 18 St #2210	🗖 Add
		Miami, FL 33132	□Remove
			≣Change
			□Remove
			□Change
			□ Add
			□Remove
			Change
		 	□Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			□Add
			Remove
			□Change

D. If amending any other in	formation, enter change(s) here: (Attach additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·	
	
	
(If an effective date is listed, the Note: If the date inserted in	an the date of filing:
If the record specifies a delayed record is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated June 24,	. 2022
	ojot Signature of a member or authorized representative of a member
Oliver Cojot	Signature of a member or authorized representative of a member
	Total designation of the second secon

Filing Fee: \$25.00