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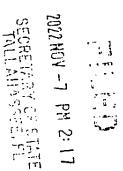
(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
<b>,</b>				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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## **COVER LETTER**

**Registration Section** 

Tallahassee, FL 32314

TO:

Division of Cor	porations		
SUBJECT:	OMS OVE	fishing, LCC	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Kris	the MCGinni	2.
	Morr	15 LOVE AShir	y,UC.
	3939 1	Juff Rol Address	SECRETARY TALLAIS
	lak	Letand FC City/State and Zip Code NACTSNINGCO	33810 (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
For further information co	E-mail address: (i	to be used for future annual report noti	fication)
Krist Name o	e McGinnis	at (407) 223-	5124 e Telephone Number
Enclosed is a check for th	ne following amount;		
S≥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 Addres Registration S Division of C	Section	Street Address: Registration Se Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moms (Name of the Limit	ove FSh ed Liability Compan	ly as it dow appears on o	ur records.)			
The Articles of Organization for this Limited L Florida document number <u>L 22000 28</u>			ne 24,	<u> 2022.</u>	and ass	signed
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name o	f the limited liabil	lity company here:				
The new name must be distinguishable and contain the we be the new principal offices address, if application of the contain the weight of the new principal office address MUST BE A STREE	able:	ty Company," the designa	tion "LLC" or the	abbrevia	tion "L.	.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			SECRETARY OF STA	2022 NOV -7 PH 2:	
B. If amending the registered agent and/or ragent and/or the new registered office address		ddress on our record -	ls, <u>enter the n</u>	ame of t	he nev	w registered
Name of New Registered Agent:	Krist	ie McG	innis			
New Registered Office Address:	1395	39 Duff Enter Florida str	eet address, Florida		,81	0
N D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		City .		Zij	9 Code	

## 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 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
AMBR	Kristie McGinnis	3939 DUFF Rd Lakelon FL 33801	2 CBAdd
			□Remove
			□Change
			🗆 Add
			Remove
			□Add
		TALLAL	022Remove
		TALLAHASSEE, F	Change P No.
		ָרָרוּ <u>רְרוּ</u>	<b>7</b> _ □Remove
			□Change
	<del></del>		_ □Add
			□Remove
			□Change
			□Add
			Remove
			_ Change

i Would like to Add Kristie McGii as authorized detail for moms ( Ashing ilc.	onis
Ashing itc.	
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ALL/HASSEE, F	
HASSET.	
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· c	7 7
	n-1-1-2
fective date, if other than the date of filing:	.) Pursuant to 605.0207 (3
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) To is filed.	he 90th day after the
ated NWember 4, 2022. Husture	
Signature of a member of authorized representative of a member	
Kriste McGinnis' Typed or printed name of signee	