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COVER LETTER

Division of Corporations
SUBJECT: The Oleman Builders LLC Name of Jimited Lability Company
The state of the s
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
CINCSTO Medina Name of Person
The oten our Buildesuc ? ? !!
1038 Sw Asherman Ave 5
Pt-Sunt Wie FL 34953 City/State and Zip Code
E-mail address: No be used for future annual report notification)
For further information concerning this matter, please call:
Pame of Person at TD 708 - 4037 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: State

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The over ma	P BUILDOS	<u>LLC</u>
(<u>Name of the Limited Liability</u> (*X Florida I	Company as it now appears on our reco) <u>ras.</u>)
The Articles of Organization for this Limited Liability Co Florida document number L 22 0002882 This amendment is submitted to amend the following:	ompany were filed on	1) 2002 and assigned
A. If amending name, enter the new name of the limit	ed liability company here:	19
,	· · · · · · · · · · · · · · · · · · ·	• • •
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "L	LC" or the abbreviation E.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	908 Sw	Crithin Blvc Due Fl 34953
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, ent	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	City:	Zip 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.

lfam	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
(If an e Note	etive date, if other than the date of filing: \(\sum \) \(\sum \
the reco	ord 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 filed.
Date	12/6/22
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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 vpe of Action Title **Address** Name Mhr Gronge pera □ Change 500 NW 79WW ENRIGINA FI., 330 □Change Crabnelle Medina Gabrielle Meding M/4M1 FL 331910 OChange Mencers Corts Mencers 33/910 | Change __ □Add Remove □ Change \square Add ☐ Remove □ Change