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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
SUBJECT:	OSKI Racion Name of Lim	STRIBLES STRIBLES	LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	_ Luist.	Falcon Name of Person	
		Firm/Company	
	329 VERD	Address	
For further information o	Bayana E-mail address: (City/State and Zip Code COOPE Q JOE to be used for future annual report not	Sw. Com
	oncerning this matter, prease of	un.	
Name o	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOSKI Kacin	19 STABLES (LC	
(Name of the Limited Liability Company (A Florida Limited Lia	as innow appears on our records.) bility Company)		
The Articles of Organization for this Limited Liability Company w	rere filed on 7/12/22	and ass	iigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	abbreviation "L.	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter the na</u>	ame of the nev	v registered
Name of New Registered Agent:	·		
New Registered Office Address:		2022	
	Enter Florida street address	001	-77
	, Florida	<u> </u>	
Nam Designand Assets Signature (6.4 amin - Designation 1.4	City	Zip Code	1 : 1
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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mgr	Tamara Davila Lipez	329 VERDI ST	□Add
		Davenport, F.C 33896	■ KRemove
			□Change
mgr	Lis E Falous	389 VERDI ST	
		Davenport, F.L33890	_ □Remove
			□Change
			□Add
			□Remove
			□Change
			JAdd
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ote:	ve date, if other than the date of filing:
ecord is file	I 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
ited _	Oct 21 2022
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