From: 17184082550 To: 18506176383

7/28/22, 4:35 PM

Division of Corporations

Florida Department of State Division of Comporations State Division of Comporations State Division of Comporations State Division of Comporations

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H220002560223ABCV

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 19311 E OAKMONT HOLDINGS LLC

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Certificate of Status	0
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Page Count	03
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THE 29 2022

07/28/2022 16:43

17184082550

From: 17184082550 To: 18506176383

(((H22000256022 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION_a OF

19311 E Onkmont Holdings LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears o Liability Company)	m our records.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L22000329558}{L22000329558}$	were filed on 07/20	6/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here	2:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desi	ignation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:		_ _	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
		<u></u>	
		ARY	28
Enter new mailing address, if applicable:		m c	→ C C C C C C C C C C
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	<u> </u>
		<u> </u>	-
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	office address on o	our records, <u>enter the</u>	name of the new
New Registered Office Address:		la street address	
	Enter Floria		
	City	, Florida	!ip Code
New Registered Agent's Signature, if changing Registered Agent			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of m provided for in Ch	ry duties, and I am fami apter 605, F.S. Or, if th	liar with and his document is

/s/

If Changing Registered Agent, Signature of New Registered Agent

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(((H22000256022 3)))
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, MGR	Squarestone Holdings LLC	1811 SILVERSIDE ROAD	_
-		WILMINGTON. DE 19810	□ Remove
			Change
			☐ Add
			Remove
			Change
	<u> </u>		Add
			Remove
			Change
			Add
			Remove
			□ Change
			D Add
			☐ Remove
			☐ Change
	<u> </u>		
			□ Remove
			☐ Change

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