O 10/07/2022 11:45 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

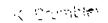
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **OM 301 LLC**

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

OM 301 LLC				
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our re- ted Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Compa	any were filed on 08/18/2022		and assi	gned
Florida document number L22000362212				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited i	liability company here:			
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "	LLC' or the a	obreviation "L.I	C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS	2			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered offi	ice address on our records, en	iter the nan	ne of the new	register
agent and/or the new registered office address here:	<u></u>		20	
			220 EGR	
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:	Enter Florida street ac			
	City	, Florida _	-Zip Cede	
New Registered Agent's Signature, if changing Registered Ag	•		ું ઝ	
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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>	Name	Address	Type of Action
MGR	LISA MCNAMARA	5555 N. OCEAN BLVD., #88	□Add
		LAUDERDALE BY THE SEA, FL 33308	
			☐ Change
Member Frank Talerico	Frank Talerico	4040 Galt Ocean Dr. Unit 301	≣Add
		Fort Lauderdale, FL 33308	□ Remove
			Change
			🗆 Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change
			Remove
			Change
			□ Remove
			□Change
			□ Add
			Remove
			□Change

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