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(Re	equestor's Name)	<del> </del>
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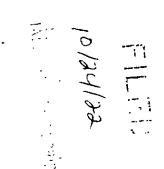
Office Use Only

A. RIVERS
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## **COVER LETTER**

Registration Section

Division of Corporations

TO:

OLAH HOLDING INTERNATIONAL LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: LIVAN PAMPILLO Name of Person SMART ACCOUNTING SOLUTIONS INC Firm Company 6009 S ORANGE AVE UNIT 6021A Address ORLANDO, FL 32809 City/State and Zip Code 4SMART.ACCOUNTING@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LIVAN PAMPILLO Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee. \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OLAH HOLDING INTERNATIONAL LO		<del></del>
(Name of the Limited Liabil) (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 08/18/2022	and assigned
Plorida document number 1.22000364819	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
N/A		
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADD	<u> </u>	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		name of the new regis
Name of New Registered Agent:		4
New Registered Office Address:	Enter Florida street address	
	, Florid	la 33
	City	E-Zip Copes

## 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
President	Hesham Khaled Nabut	2863 BUCKSKIN RD	<b>=</b> Add
		ORLANDO, FL 32822	□Remove
			□Change
-			□Add
		□Remove	
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ote:	ve date, if other than the date of filing:
record d is fil	d 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.
Dated _	OCTOBER 19
aicu .	(4 1/2 / 1/200)
acu .	Signature of a member or authorized representative of a member

Filing Fee: \$25.00