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COVER LETTER

TO: Registration Section

Division of Corporations	,
SUBJECT: Ohang Junk	Removal and Halling LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fe	ee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Ta	lu Leota Name of Person
Subject: Ohang Junk Remaral and Halling LLC 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: Talu Leota Name of Person Ohana Hame and Droperty Service LLC Firm/Company 9971 Domingo Dr Address Brooks ville, Floria 34601 Gity/State and Zip Code Ohana Property Service & LLC E-haul address: (to-be used for future annual report notification) For further information concerning this matter, please call: Talu Leota Name of Person at (360) 471-2405 Daytime Telephone Number Enclosed is a check for the following amount: Esson Filing Fee Certificate of Status Certified Copy (additional copy's enchased)	
9971	Problem of Limited Liability Company Talu Leota Name of Person Ohana Hame and Property Service LLC Firm/Company 9971 Domingo Dr Address Brooks ville Floria 34601 Gity/State and Zip Code Ohana Jopenty Services LLC Edmail address: (tobe used for future annual report notification) urther information concerning this matter, please call: Talu Leota Name of Person at (360) 471-2405 Area Code Daytime Telephone Number See Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations
Brook	s of Amendment and fee(s) are submitted for filing. espondence concerning this matter to the following: Talu Leota Name of Person Ohana Hame and Droperty Service LLC Firm/Company 9971 Domingo DC Address Brooks ville, Floria 34601 City/State and Zip Code Ohana P(operty Services LLC Email address: (tobe used for future annual report notification) on concerning this matter, please call: 2014 2015 2016 2017 2017 2018 20
Talu Leota	at (360) 471-2405
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amou	nt:
	of Status Certified Copy Certificate of Status & Certified Copy Certified Copy
Registration Section Division of Corporations	Registration Section Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	moval and Haulina		
(Name of the Limited (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L22000 Y18</u>	ility Company were filed on	1/26 /22	and assigned
This amendment is submitted to amend the follow	ng;		
A. If amending name, enter the new name of the Ohana Home and Pro The new name must be distinguishable and contain the word		LLC	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the design	ation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicab	e:		-25
(Principal office address MUST BE A STREET)	<u> </u>	د المارية المارية المارية	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	2.X)	LAHASSEE. FL	C-7 PHIZ: 00
B. If amending the registered agent and/or registered affice address by agent and/or the new registered office address by the second of the se		ds, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	treet address	
	City	Florida	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.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	4,-
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			🗀 Add
			□Remove
			□Change
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effective date e: If the dat	is listed, the date te inserted in thi	must be specific a is block does no	and cannot be prion t meet the applic	r to date of filing c cable statutory f	or more than 90 da Iling requiremen	ys after tiling.) Purs nts, this date will	uant to 605.020 not be listed a
			of State's records				
ord specific filed.	s a delayed effe	ective date, but r	not an effective t	ime, at 12:01 a.	m, on the earlie	r of: (b) The 90t	n day after th
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		Signature of	a member or and	offized represents	tive of a member		