To: Page: 1 of 7 2023-10-18 21:09:45 GMT

14076046519

10/18/23, 4:00 PM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Division of Corporations

(((H23000364911-3)))



H230003649113ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations 52 Fax Number : (850)617-6383 From: Account Name : MEDEIROS SOUZA CORP Account Number : 12019000068 Phone : (407)326-8484 Fax Number : (407)604-6519 .? **Enter the email address for this business entity to be used for future 1.5 annual report mailings. Enter only one email address please.**

Email Address: contact@medeirossouza.com ŝ _____ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SANCHES HOMES FLORIDA LLC Certificate of Status 1 Certified Copy Ű. Page Count 01 Estimated Charge \$30,00

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OCT 2 0 2023

14076046519

COVER LETTER

TO: Registration Section Division of Corporations

SANCHES HOMES FLORIDA LLC

SUBJECT:

To:

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:

Rubern Souza

Name of Person

Medeiros Souza corp-

Firm/Company

1711 Amazing Way, Ste 213

Address

Ococe, FL 34761

City/State and Zip Code

contact@medeirossouza.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

■ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MailingAddress: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>StreetAddress:</u> Registration Section Division of Corporations The Centre of Tałlahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANCHES HOMES FLORIDA LLC				
(Name of the Limited (A	Liability Comp Florida Limited	any as it now appears on our ree Liability Company)	ords.)	
The Articles of Organization for this Limited Liab Florida document number <u>122000438273</u>	nility Company	were filed on <u>10/11/2022</u>	and assigned	
This amendment is submitted to amend the follow	ing			
A. If amending name, enter the new name of the	he limited liat	<u>pility company here:</u>		
Oak Group Corporation LLC				
The new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the designation "I	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicab	de:	1711 Amazing Way, Ste 21	3	
(Principal office address MUST BE A STREET.	ADDRESS)	Ococc, FL 34761		
			2	
Enter new mailing address, if applicable:		3320 Shady Oak Dr E		
(Mailing address MAY BE A POST OFFICE BOX)		Lakeland, Florida 33810	ر ۱	
			3	
B. If amending the registered agent and/or reg agent and/or the new registered office address l	istered office <u>here</u> :	address on our records, <u>ent</u>	ter the name of the new register	
Name of New Registered Agent:	MEDEIROS S	OUZA CORP		
New Registered Office Address:	1711 Amazing	Way, Ste 213		
	Enter Florida street address			
	Ococe		Florida <u>34761</u>	
		City	ZipCode	

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

14076046519

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	18 SERVICES LLC	3320 Shady Qak Di E	blA ≡
		Lakeland Florida 33810	
		<u> </u>	Change
		····	🖸 Add
		<u></u>	
			□ Change
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			🗋 Change
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		<u></u>	□Change
			🗇 Add
			🗆 Remove
			🗇 Change
	·		🗍 Add
			Remove
		<u></u> .	Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

<u></u>

If the record specifies a delayed effective date, but not an effective time, at 12.01 a m on the earlier of: (h) The 90th day after the record is filed

j Orlando	10/18/2023
	Signature of a member or authorized representative of a member
Rubern Souza	