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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

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

	Address:			
tmall	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN O'SUCH ON THE COAST LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O'Such On the Coast LLC  (Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L22000466580	vere filed on 10/31/22 and assigned	1
This amendment is submitted to amend the following:	2022   SECT TAL	
A. If amending name, <u>enter the new name of the limited liabili</u>	ity company here:	F
The new name must be distinguishable and contain the words "Limited Liability	y Company, the designation LLC or the appreyration L.C.C.	m
Enter new principal offices address, if applicable:	F S	$\ni$
Principal office address MUST BE A STREET ADDRESS)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	_
		<del>_</del>
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		<del></del>
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on our records, enter the name of the new reg	istered
Name of New Registered Agent:		·····
New Registered Office Address:	Enter Florida street address	
	brief Carling Street Inter-Str	

## 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.

City

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>	Name	Address	Type of Action
AMBR	Kirby O'Such	102 NE 2nd St. Suite 878	XlAdd
		Boca Raton FL 33432	□Remove
			□Change
			□Add
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Effective date, if other than the da		(optional)	
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Filing Fee: \$25.00