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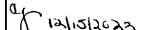
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
OAK INVE	ESTMENT LLC		•
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALEJANDRO LONDONO)	
		Name of Person	
	OAK INVESTMENT LLC	•	
		Firm/Company	
	5120 CURRY FORD ROA	AD	
		Address	
	ORLANDO, FL 32812		
		City/State and Zip Code	
	info@outletrealty.com E-mail address: ()	to be used for future annual report not	iffication)
For further information c	oncerning this matter, please ca		
Alejandro Londono		407 308-0600	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration 1 Division of C P.O. Box 632	Section Forporations	Street Address: Registration So Division of Co The Centre of	orporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Oak Investment LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/31/2022 and assigned Florida document number 1.220004466860

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

OAK INVESTMENTS LLC

The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered

agent and/or the new registered office address here:

_	Cin	Zip Code
_	F	Florida
The Tregistered Street Figures.	Enter Florida street addre	ess
New Registered Office Address:		
Name of New Registered Agent:		

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 = M $AMBR = A$	AGR = Manager AMBR = Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
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			□Change
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Note: If the date inserted in	an the date of filing:	(optional) sys after filing.) Pursuant to 605.0207 (ints, this date will not be listed as t
e record specifies a delayed ord is filed.	ffective date, but not an effective time, at 12:01 a.m. on the earlier	r of: (b) The 90th day after the
November 27 Dated	2023	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member A legandro Londoño. Typedor printed name of signee	
	A 1	