

L22 000530542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

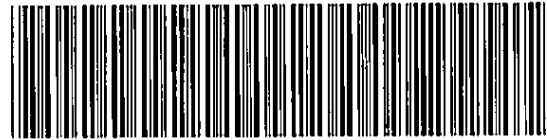
(Business Entity Name)

(Document Number)

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2023 APR 21 AM 3:51

2023 APR 21 AM 8:48

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FLORIDA

APR 21 2023

COVER LETTER

Registration Section
Division of Corporations

CT: Ohros, LLC
Name of Limited Liability Company

Enclosed Articles of Amendment and fees, are submitted for filing.

Return all correspondence concerning this matter to the following:

Anthony Wray
Name of Person

Ohros, LLC
Firm Company

3301 North University Drive, Suite 100
Address
#1032

Coral Springs, FL 33065
City, State & Zip Code

ohrosdesignco@gmail.com
E-mail address (to be used for future annual report notification)

For information concerning this matter, please call:

Anthony Wray at (407) 549-9938
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$0.00 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2023 APR 21 AM 8:55

Omros LLC

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

Articles of Organization for this Limited Liability Company were filed on 12/19/2022 and assigned
document number L22000530542

Amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

Any name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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:

Name of New Registered Agent

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

Adding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

AP = Manager

MR = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	Nguyen, Kyla	1730 Bridgeport Circle	☐ Add
		Rockledge, FL 32955	☒ Remove
			☐ Change
MR	Wray, Anthony	3301 North University Dr.	☒ Add
		Suite 100 #1032	☐ Remove
		Coral Springs, FL 33065	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

[illegible]

Effective Date: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ed April 21 2023

Signature of a member or authorized representative of a member

Anthony Wray
Typed or printed