L23000018528

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COVER LETTER

TO:

Registration Section

Division of Cor	rporations				
SUBJECT. OSH	painter LL	4		×	
SUBJECT:		nited Liability Company	·	-*	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Oharea H	arrts			
		Name of Person	- 17	_	
	ozh painte	entl			
		Firm/Company		_	
	01 22 82 45	6 Buenne			
		Address	-		
	mznor	ex 3302			
		City/State and Zip Code		= (i) = 27* (0) = 70*	
	chanaharent	to 6 dm astr. com		필요 품	
		to be used for future annual report not	ification)	AHIO: 54 SEE, FL	
For further information c	oncerning this matter, please c	all:			
Ohana	Harints	at (as4) 755_ Area Code Daytin	2497		
Name o	f Person	Area Code Daytin	ne Telephone Numbe		
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	
Mailing Addres Registration S		Street Address: Registration Se	ection		
Division of Corporations		Division of Corporations			
P.O. Box 632		The Centre of	•		
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

OZH POINTERS LL

The Articles of Organization for this Limited Liability Company	were filed on downs 9-2023 and assigned
Florida document number LZ3000018528	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	nility company here:
OZH CONTROTTING LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2458 106 Th Avenue
(Principal office address MUST BE A STREET ADDRESS)	nireman 33025
Enter new mailing address, if applicable:	2458 IW 100 hoenve
(Mailing address MAY BE A POST OFFICE BOX)	24585w 106 hoenve mineman 33025
B. If amending the registered agent and/or registered office	address on our records, <u>enter the name of the new registered</u>
agent and/or the new registered office address here:	63
	<u>.</u>
Name of New Registered Agent:	
	5)· (
New Registered Office Address:	
	Enter Florida street address
	Enter Florida street address Florida City Florida Code
	City Florida 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			\ \ \ \ Add
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effective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable st ment's effective date on the Department of State's records.	of filing or more than 90 days after filing.) Pursuant to atutory filing requirements, this date will not be	605.02 : listed :
Section 2 and 5. me 5 spanning of Glade 5 (500).		
ord specifies a delayed effective date, but not an effective time, at filed.	12:01 a.m. on the earlier of: (b) The 90th day	after th
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