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ĭo:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : 1201808000311 : (844)385-0178 Fax Number : (214)317-4754

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE OLUMOYE LLC

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HelpT. LEMEUX

SEP 2 0 2023

From; Rajiv Srivas

COVER LETTER

TO:	Registration Se Division of Cor	porations					
CHBIE	ILE OLUN	AOYE LLC					
SUBJECT:							
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please n	eturn all correspo	ndeuce concerning this matter	to the following:				
		Cheyenne Moseley					
	Name of Person						
	Legalzoom.com, Inc.						
FirmyCompany							
	101 N Brand Blvd 11th Fl						
		***************************************	Address	The second of th			
	Glendale, CA 91203						
			City/State and Zip Code				
		iłeolumoye@gmail.com	, <u>.</u>				
For furti	her information c	F-mail address: (oncerning this matter, please ex	to be used for future annual report notifiall:	icanon)			
	Chevenne Moseley 800 773-0888						
Name of Person		at () Area Code Daytime	Telephone Number				
Enclose	d 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enchaed)			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURLER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 ₹o;

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ILE OLUMOYE LLC			
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.23000080975	were filed on 02/14/2023 and assigne	:d	
This amendment is submitted to amend the following:			
A. If amending name, <u>cuter the new name of the limited liab</u>	ility company here:		
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:	784 Orienta Ave., Apt. H		
(Principal office address MUST BE A STREET ADDRESS)	Altamonte Springs, FL 32701		
Enter new mailing address, if applicable:	784 Orienta Ave., Apt. H		
(Mailing address MAY BE A POST OFFICE BOX)	Altamonte Springs, Fl. 32701		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		the	
New Registered Office Address:	Enier Florida street address ==		
	. Florida — —		
77-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Cuy - Zip Code ¹)		

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:

13236068205

MGR = Manager AMBR = Authorized Member

Τo

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	KYLE J. JOHNSON		D Add
			□ Remove
		784 Orienta Ave., Apt. II Altamonte Springs, FL 32701	
			□ Add
			□ Remove
			Change
	71800-2-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-		
			CI Remove
			☐ Change
	~		□ Add
			☐ Remove
			Change
			□ Add
			☐ Kemove
			☐ Change

			Remove
			□ Change

Dated 9/13/2025,

Signature of a member or authorized representative of a member

Kyle Joseph Johnson

Typed or printed name of signee