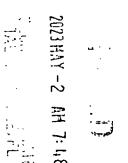
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COVER LETTER

TO:	Registration Sec Division of Cor				
cun ic		STMENT GROUP, LLC			
SUBJE	CI:	Name of Limit	ted Liability Company		
The enc	losed Articles of a	Amendment and fee(s) are subr	nitted for filing.		
Please r	eturn all correspo	ndence concerning this matter t	to the following:		
		SAMUEL KESARIS			
			Name of Person		
		OBH INVESTMENT GRO	OUP.LLC		
			Firm/Company		
6815 SW SILVER WOLF DRIVE					
			Address		
		PALM CITY, FL 34990			
			City/State and Zip Code		
		SAMUELKESARIS@YAH			
		E-mail address: (1	o be used for future annual report notil	lication)	
For furt	her information c	oncerning this matter, please ca	dl:		
SAMU	EL KESARIS		954 6653826 at ()		
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclose	d is a check for th	ne following amount:			
■ \$25	i.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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OBH INVESTMENT GROUP, 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 $\frac{02/27/2023}{2}$ Florida document number L23000104461 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	<u>Name</u>	Address	Type of Action
MGR	CIRO LOCASCIO	78-50 79TH ST	
		GLENDALE, NY 11385	□Remove
			Change
		_	□Add
			□Remove
			□ Change
		_	□Add
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ffective date, if other than the an effective date is listed, the date mu	date of filing:	24/2023	CD	(optional)	- 605 0207 (
Note: If the date inserted in this bidocument's effective date on the D	ock does not meet th	ne applicable statu			
record specifies a delayed effectived is filed.	re date, but not an ef	fective time, at 12	:01 a.m. on the ear	lier of: (b) The 90th day	after the
, APRIL 25TH	202	23			
Dated Title 2311	·	· ·			
1/2					
	Signature of a member	r or authorized repr	esentative of a memb		_

Typed or printed name of signee