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COVER LETTER . . .

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TO: * Registratio Division of	n Section Corporations		
SUBJECT:	lchoa Manager	ment 1-60	
SUBJECT:		nited Liability Company	20
			73
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing	2023 CC [1
The enclosed / Hitele	or remember and really are suc	ounted for thing.	<u></u>
Please return all corre	espondence concerning this matter	to the following:	2
	James A	Name of Person	
	dim	e A Odra Vote:	} .
		Firm/Company	
	1950 Fi	Ilmara stroot	
		Address	
	tollywo	cod Florida 330 City/State and Zip Code	520
	Jasona	to be used for future annual report noti	m
	E-mail address: ((to be used for future annual report noti-	fication)
For further informati	on concerning this matter, please o	calt:	
	on Ochod.	at (305) 926 · Area Code Daytim	. 56-31
Nat	me of Person	Area Code Daytim	e Telephone Number
Enclosed is a check f	or the following amount:		
☑ \$25.00 Filing Fe	c \$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 Ad		Street Address:	ction
	on Section of Corporations	Registration Sec Division of Cor	
P.O. Box	-	The Centre of T	<u>-</u>
Tallahasse	ee, FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O-bra Marmamont LIC

2023 C ~ T ~ 1, All 8: 19

(Name of the Limited)	Liability Company Florida Limited Liab	as it now app pility Compan	ears on our records.) y)	
The Articles of Organization for this Limited Liabi		ere filed on	03/09/20	23 and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liabilit	y company	here:	
⟨N /cl The new name must be distinguishable and contain the word N /cl N				
The new name must be distinguishable and contain the word				
Enter new principal offices address, if applicabl	e: _	1950	Fillmore	S:
(Principal office address MUST BE A STREET A	(DDRESS)		. <u>.</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	- <u>X)</u> _			
B. If amending the registered agent and/or regi agent and/or the new registered office address h	ere:			ame of the new registered
Name of New Registered Agent:	y-eison	Uchod		
New Registered Office Address:	1950	+ill w	none St	
	. / ·A	Enter F	torida street address	03
-	Holl	1000d	, Florida	330 20 Zip Code
		Cuy		rsp 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 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
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			🛭 Remove
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ted	Septem	bej.	17	3 <u>20</u>	2 <u>3</u> .					
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