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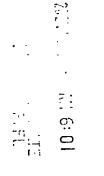
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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A. HUNT C >/25/24

## **COVER LETTER**

	istration Se ision of Cor				
SUBJECT:	ARBTRUS	T MACRO LLC			
SUBJECT:		Name of Lim	ited Liability Company	12.50	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	indence concerning this matter	to the following:		
		VALERIA DEL VECCHIO	D .		
			Name of Person		
		MIGHTY SOLUTIONS L	LC		
			Firm/Company	7.3	
601 MARKET STREET 47			470204		
			Address	· .	
	CELEBRATION			, 27	
	City/State and Zip Code				
		INFO@MIGHTYSOLUTIO	ONS.US to be used for future annual report no		
For further in	nformation c	oncerning this matter, please e	•	uncagony	
VALERIA D			407 6552255		
Name of Person		at ()	me Telephone Number		
	TVAILE O	11 (130)	Area Code Daysi.	не текрионе гушиле:	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 H	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres		Street Address: Registration S	ection	
Registration Section Division of Corporations		Registration Section Division of Corporations			
	D. Box 632 Hahassee, I		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARBTRUST MACRO LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our renited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Com	pany were filed on 04/10/2023	and assigned
lorida document number L23000176461		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
OG COMPANY HOLDINGS LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	(S)	
		.1,
Inter new mailing address, if applicable:		1
Mailing address MAY BE A POST OFFICE BOX)	-	
Maning Maniress MAT BL AT OST OFFICE BOXY		
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our records, <u>e</u>	nter the name of the new regist
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
·-	City	Zip 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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		<del></del>	□Remove
			□Change
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ective date, if other than the date effective date is listed, the date must be sp	of filing:			(optional)	
e: If the date inserted in this block do	oes not meet the app	dicable statutor	ng or more than 90 ry filing requirer	nents, this date wi	ursuant to 605.0 Il not be liste
ument's effective date on the Departn	nent of State's recor	ds.			
cord specifies a delayed effective date	. but not an effectiv	e time, at 12:01	am on the ear	lier of (b) The S	00th day after
s filed.					
, FEBRUARY 26TH	2024		1		
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Filing Fee: \$25.00