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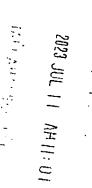
(Req	uestor's Name)	
(Add	ress)	
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(City,	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Name	e)
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer.	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: OG HOSPITALITY SERVICES LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Oneil Grinam Name of Person
OG HOSPITALITY SERVICES LLC Firm/Company
220 Sea Sound Circle
Panama City Beach Florida 32407 City/State and Zip Code
OghospitalityServicesCamail.com E-hail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Oneil Grinam at (850) 238 - 7218 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Sa0.00 Filin
Mailing Address: Registration Section Street Address: Registration Section

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Registration Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION, OF

OG HOSpitality	Services LLC AMII:01
(Name of the Limited Li	iability Company as it now appears on our records.) lorida Limited Liability Company) (10.1000 gg)
The Articles of Organization for this Limited Liabili	ity Company were filed on May 8 2023 and assigned 30
This amendment is submitted to amend the followin	g:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, <u>enter the name of the new registered</u> ere:
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address
_	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 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
<u>amb</u> r	Vasmine Strum	220 Sea Sound Circle	Add
		220 Sea Sound Circle Panama City Beach,	□Remove
		Florida, 32407.	□ Change
			□Add
			□Remove
		·	□Change
			□Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: June 1, 2023 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.