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COVER LETTER

TO: Registration So Division of Cos			
SUBJECT:	Ocoa and	Wind LLC	
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Peyto	Name of Person	ne
	OCOA A	and Wind LL	<i>c</i>
	1255 Pond		Apt 733C
	St Augu	istine FL	32095
	E-mail address: 10	City/State and Zip Code Nind O mail (to be used for futures annual report noti	ficution)
For further information c	oncerning this matter, please ca	ull:	
Peyton Name o	VANAISTINE Person	at (<u>479</u>) <u>98</u> – 3	3332 e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	\$\frac{1}{\text{X}}\$ \$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 radditional 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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

UCOA (IMA	NMA LIC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) (Liability Company)	_
The Articles of Organization for this Limited Liability Compan Florida document number <u>LV3000 L659 66</u> .	y were filed on JMC 1st 2023 and	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	Society LLC	·
The new name must be distinguishable and contain the words "Limited Liab	only Company," the designation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	 	
		, <u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u></u> ,	
B. If amending the registered agent and/or registered office	address on our records, enter the name of the	<u>1ew registere</u>
agent and/or the new registered office address here:		
Name of Name Decision and Assessed		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	Cuy Zip Co.	le
New Registered Agent's Signature, if changing Registered Agent	<u>ı:</u>	

Thereby 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 heing 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 removéd from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
		-	□Add
			□Remove
			Change
			□Add
			□Remove
			· = 71
			□Add
			□Remove
			□Change
			□Remove
			□ Change
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in effective date is listed, the other. If the date inserted in the date inserted in the date in the d	than the date of filing: he date must be specific and ca I in this block does not me e on the Department of Sta	annot be prior to date of fi et the applicable statut	iling or more than 90 days afte	ional) or filing.) Pursuant to 605.020 is date will not be listed a
ecord specifies a delaye is filed.	ed effective date, but not ar	n effective time, at 12:	01 a.m. on the earlier of: (b) The 90th day after th
ted 05/18	3/2A W/	11/1/M	417	
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