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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: O-Thomes	LLC
Name of L	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Teresa	Moreno Rodviguez Name of Person
	Firm/Company
	A
SCI 4th	Ac
	Address $\frac{11}{21}$ ω
LAbelle F	City/State and Zip Code
E-mail address	s: (to be used for future annual report notification)
For further information concerning this matter, please	c call:
leasa Moreno Name of Person	at (SOS) 613 656 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
5.00 Filing Fee \$\to\$ Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address: Pagistration Section
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

0-1 none	> //C
(Name of the Limit	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited L Florida document number 230002	Liability Company were filed on 6-6-23 and assigned
This amendment is submitted to amend the following	lowing:
A. If amending name, enter the new name o	of the limited liability company here:
	S. 70
The new name must be distinguishable and contain the w	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:
(Principal office address MUST BE A STREE	ET ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our records, enter the name of the new registered ess here:
Name of New Registered Agent:	Teresa Moreno Rodriguez
New Registered Office Address:	201 Uth Ave Jubelle Fl 33935 Enter Florida street address
	Labelle Florida 33435 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>	<u>Address</u>	Type of Action
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f an effective date is Note: If the date	f other than the date stated, the date must be inserted in this block tive date on the Depart	specific and cannot led	applicable statute			ing.) Pursuant to 60	
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	/CUSC	nature of a member	or authorized repres	sentative of a men	iber		-

Filing Fee: \$25.00