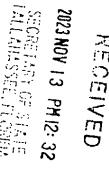


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COVER LETTER -

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		OCIATION L.L.C.	Ų.				
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please returi	all correspo	ondence concerning this matter	to the following:				
		GIULIA E. RODRIGUEZ	LEYVA				
			Name of Person				
		ASSOCIATION LL.C. Name of Limited Liability Company les of Amendment and feets) are submitted for filing. rrespondence concerning this matter to the following: GIULIA E. RODRIGUEZ LEYVA Name of Person O&G ASSOCIATION L.L.C. Firm/Company 8363 ODEN AVE Address JACKSONVILLE, FL 32216 City/State and Zip Code management.oandg@gnatil.com E-mail address: (to be used for future annual report notification) tion concerning this matter, please call: IGUEZ LEYVA and of Person Area Code Street Address Certificate of Status Certified Copy radditional copy is enclosed) ddress: lion Section of Corporations Street Address: Registration Section Division of Corporations					
	D&G ASSOCIATION L.L.C. Name of Limited Liability Company nelosed Articles of Amendment and feets) are submitted for filling. return all correspondence concerning this matter to the following: GIULIA E. RODRIGUEZ LEYVA Name of Person O&G ASSOCIATION L.L.C. Firm/Company 8263 ODEN AVE Address JACKSONVILLE, FL 32216 City/State and Zip Code management.onndg@gmail.com E-mail address: (to be used for future annual report notification) orther information concerning this matter, please call: IA E. RODRIGUEZ LEYVA Name of Person Area Code Daytime Telephone Number seed is a check for the following amount: 25.00 Filing Fee Certificate of Status Certified Copy Ladditional copy is enclosed: Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee						
			Address				
		JACKSONVILLE, FL 323	116				
			City/State and Zip Code				
Can Gamban i	. C		·	iotification)			
GIULIA E.							
	Name o	f Person	Area Code Day	time Telephone Number			
Enclosed is:	check for th	ne following amount:					
■ \$25,00 I	Filing Fee		Certified Copy	Certificate of Status & Certified Copy			
			-				
P.C). Box 632	7	The Centre o	f Tallahassee			
I a.	lahassee, l	-L 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLI		GANIZATIC)!N	2
	OF			ON BY A
				29 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
O&G ASSOCIATION L.L.C.				<u> </u>
(Name of the Limited Liab (A Flor	hility Company rida Limited Liab	<u>as it now appears on</u> oility Company)	our records.)	3
The Articles of Organization for this Limited Liability	y Company we	ere filed on $\frac{06/07/1}{2}$	2023	and assigned 3
Florida document number 1.23000277078	·			
This amendment is submitted to amend the following:	ü			
A. If amending name, enter the new name of the li	<u>imited liabilit</u>	v company here:		
The new name must be distinguishable and contain the words "L	Limited Liability	Company," the design	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-			
(Principal office address MUST BE A STREET AD	DRESS)			
	_			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	-			
Graning damess MAT DE ATTOM OF THE BOOK	. –			,
	_			
B. If amending the registered agent and/or registe	ered office add	tress on our reco	rds, enter the n	ame of the new registered
agent and/or the new registered office address here			<u> </u>	and of the new regions.
Name of New Registered Agent:				
. Mante of New Registered Agent.				
New Registered Office Address:		Enter Florida :		
		vmer v tortaa !	sireet adaress	
			, Florida	
		Chy		Zip Code
New Registered Agent's Signature, if changing Registe	ered 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 aniending 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
AMBR	Marilyn Leyva Fernandez	8363 ODEN AVE	= Add
		JACKSONVILLE, FL 32216	□Remove
			□Change
			□ Add
			⊟Remove
			□ Change
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Filing Fee: \$25.00