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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE		OCIATION L.L.C.		
SOBJE	c i	Name of Lim	ited Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspon	ndence concerning this matter	to the following:	
		RODRIGUEZ LEYVA, G	IULIA E	
			Name of Person	 _
		O&G ASSOCIATION L.L	C.	
			Firm/Company	·
		8363 ODEN AVE		
			Address	
		JACKSONVILLE, FL 322	116	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report not	dification)
For furt	her information co	oncerning this matter, please ca	all:	
RODRI	GUEZ LEYVA, (GIULIA E	904 520-9397 at ()	
	Name of	Person		nc Telephone Number
Enclose	d is a check for th	e following amount:		
■ \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED TION L.L.C.

(Name of the Limited Liability Company as it now appears on the records)

(A Florida Limited Liability Company)

Ph 4: 54 **0&G ASSOCIATION L.L.C.** The Articles of Organization for this Limited Liability Company were filed on 06/07/2023 Florida document number $\frac{L23000277078}{L}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _

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.

City

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
AMBR	MARILYN LEYVA FERNANDEZ	8363 ODEN AVE	□Add
		JACKSONVILLE, FL 32216	■Remove
			□ Change
			□Adđ
			□Remove
			□Remove
			□Change
			□ Add
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an effec ote: If	e date, if other than the tive date is listed, the date in fine the date inserted in this limit's effective date on the	ust be specific and block does not n	cannot be prior to neet the applical			filing.) Pursuant to 605.020
record is filed	specifies a delayed effect d.	ive date, but not	an effective tim	ne, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
ated N	lovember, 11		2023	-·		
		Chi	The box or any tra	ized representative o	of a mamba	
		Signature of a r	nechoes or answer	ized representative (oi a incinoce	