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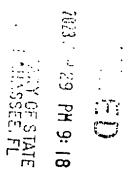
| (Requestor's Name)                      |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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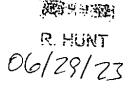
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## **COVER LETTER**

| ΓO:       | Registration Se<br>Division of Cor |  |   | •*  |                             |
|-----------|------------------------------------|--|---|---|-----------------------------|
| SUBJEC    | CT. ()                             | GRED ILC                                     |   |   |                             |
| SUBJE.    | CI:                                | Name of Lim                                  | ited Liability Company  |   |                             |
| l'ha ana  | lacad Actionic at                  | Amendment and fee(s) are sub                 | mitted for Olive  |   |                             |
|           |                                    |  |   |   |                             |
| Please re | eturn all correspo                 | ondence concerning this matter               | to the following:   |   |                             |
|           |                                    | LORA (                                       | OGREN<br>Name of Person   |   |                             |
|           |                                    |  | Firm/Company  |   | 7723                        |
|           |                                    | 923 NF                                       | BARFKLD DR<br>Address   |   | 1.5<br>10<br>10<br>10<br>10 |
|           |                                    | MARCO J                                      | Sland, FL 34<br>City/State and Zip Code                                   | 145 F. A  | PH 9: 18                    |
|           |                                    | Og renssa<br>E-mail address:                 | Gwail Cow   | ication)  | 1 <b>6</b>                  |
| For furt  | her information c                  | oncerning this matter, please ca             | all:  |   |                             |
|           | Alan O                             | 3 (C)  | at ( <u>976</u> ) <u>379</u><br>Area Code Daytimo                         | -2156<br>Telephone Number                                 | <del></del>                 |
|           | ivanic o                           | eri erkon                                    | Atea Code Daytime   | e Telephone Sumoei  |                             |
| Enclose   | d is a check for th                | he following amount:                         |   |   |                             |
| FI \$25   | .00 Filing Fee                     | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | S60,00 Filing Certificate of Certified Co (additional cop | f Status & Py               |
|           | Mailing Addres Registration S      |  | Street Address:<br>Registration Sec                                       | rtion   |                             |
|           | Division of C                      | Corporations                                 | Division of Cor   | porations   |                             |
|           | P.O. Box 632<br>Tallahassee, 1     |  | The Centre of T<br>2415 N. Monroe   | allahassee<br>e Street, Suite 810                         |                             |
|           |                                    |  |   |   |                             |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| OGREN LLC   |  |  |                  |
|---|--|--|------------------|
| ( <u>Name of the Limited Liability Company</u><br>(A Florida Limited Lia  | y as it now appears on eability Company)   | our records.)  |                  |
| The Articles of Organization for this Limited Liability Company w<br>Florida document number <u>L23000 24562</u> 6  | vere filed on                              | me 14, 2023 and assi   | gned             |
| This amendment is submitted to amend the following:   |  |  |                  |
| A. If amending name, enter the new name of the limited liability  The new name must be distinguishableland contain the words "Limited Liability   |  | ation "LLC" or the abbreviation "L.L                             | C."              |
| Enter new principal offices address, if applicable:   |  |  |                  |
| (Principal office address MUST BE A STREET ADDRESS)   |  | : <u>:</u>   |                  |
|   |  | 7. 4<br>7. 4<br>5. 5   | ***              |
| Enter new mailing address, if applicable:   |  | 85 <del>8</del>  | 111              |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | E.F. E. 8  |                  |
| B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:   | ldress on our recor                        | • •  | registered       |
| Name of New Registered Agent:   |  |  |                  |
| New Registered Office Address:  |  |  |                  |
|   | Enter Florida st                           | reet address   |                  |
|   | <u></u>                                    | Florida  |                  |
| Name Danisa and Associate Statement of the control | City                                       | Zip Code   |                  |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as public, the merely reflect a change in the registered office a company has been notified in writing of this change.  | performance of my c<br>rovided for in Chap | duties, and I am familiar with<br>uer 605, F.S. Or, if this docu | n and<br>ment is |

If Changing Registered Agent, Signature of New Registered Agent

## Page 2 of 3

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| estive data if other than the data of filings  |   | ptionary<br>fter filing.) | Pursuant         | to 605.020    |
| effective date is listed, the date must be specific and cannot be prior to date of filing of   | r more than 90 days a   | .1                        |                  | be listed a   |
| ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing of te: If the date inserted in this block does not meet the applicable statutory firmment's effective date on the Department of State's records.                 | r more than 90 days a   | this date w               | an not           |               |
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| reffective date is listed, the date must be specific and cannot be prior to date of filing of te: If the date inserted in this block does not meet the applicable statutory from ent's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective | r more than 90 days a<br>ling requirements.                     | this date w               |                  |               |
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| reffective date is listed, the date must be specific and cannot be prior to date of filing of te: If the date inserted in this block does not meet the applicable statutory fi   | r more than 90 days a<br>lling requirements.<br>e time, at 12:0 | this date w               |                  |               |