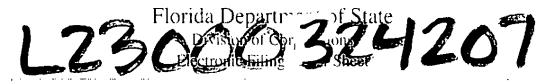
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OC TOLEDO LLC

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Page Count	04
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O 09/12/2023 7:51 AM 15612148442 → 18506176383 pg 2 of 4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OC Toledo LLC				
( <u>Name of the Limited Liability</u> (A Florida)	Company as it now appears on our records.) Limited Liability Company)		_	
The Articles of Organization for this Limited Liability Co Florida document number <u>1.23000324207</u>	, -	and	assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
OC USA LLC				
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the	abbreviation	s "L.L.C."	_
Enter new principal offices address, if applicable:				
			-	_
(Principal office address MUST BE A STREET ADDR)	<u> </u>			_
				_
Enter new mailing address, if applicable:				_
(Mailing address MAY BE A POST OFFICE BON)				
				_
B. If amending the registered agent and/or registered	office address on our records, enter the na	ime of the	new regist	tere
agent and/or the new registered office address here:			07	<del></del>
			3 S	-
N. CALL H. C. J.A			~	
Name of New Registered Agent:			2	<u></u>
New Registered Office Address:			-골-	<u>:</u> _
	Enter Florida street address		<b>I</b>	
	. Florida	: ; -	بب 	
<del></del>	City.	Zin C		_

## 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 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
			□Add
			□Remove
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Effective date, if other than the d	ate of filing:		(optional)	
Note: If the date inserted in this bloc locument's effective date on the Dep	k does not meet the applier	to date of filing or more in	uirements, this date will not	t be listed as t
record specifies a delayed effective of a filed.	date, but not an effective tir	ne, at 12:01 a.m. on th	e earlier of: (b) The 90th d	lay after the
September 12th	2023	<u> </u>		
	David Tolsdo gnature of a member or autho	Caquenagi rized upresentativo of a s	member	
•				
	David Toledo F	isquenazi, Manager		

Filing Fee: \$25.00