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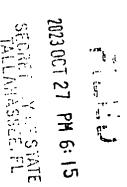
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

TO:

| TO: Registration Sec Division of Corp | | | | | | |
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| -∢ O & M DEV | VELOPMENTÂ LLC | | | | | |
| SUBJECT: | | | | | | |
| | | | | | | |
| The enclosed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | | | | |
| Please return all correspon | ndence concerning this matter | to the following: | | | | |
| | Mehmet Taskan | | | | | |
| | Name of Person | | | | | |
| | O & M DEVELOPMENT, | LLC | | | | |
| | | | | | | |
| | PO Box 551456 | | | | | |
| | | Address | | | | |
| | | | | | | |
| | | City/State and Zip Code | | | | |
| | JACKSONVILLE, FL 3225 E-mail address: (| to be used for future annual report notificati | on) | | | |
| For further information c | oncerning this matter, please ca | nil: | | | | |
| Mehmet Taskan | | 904 536-1064 | | | | |
| Name of Person | | at () Area Code Daytime Tel | = | | | |
| | | | | | | |
| Enclosed is a check for the | - | | | | | |
| S25.00 Filing Fee | ☐ \$30.00 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) | | | |
| | | | 2023 OCT SEALE TALL | | | |
| Mailing Address: Registration Section | | Street Address: Registration Section Division of Corpor | n 27 | | | |
| Division of C P.O. Box 632 | | The Centre of Talla | ations ahassee treet Suite 810000 | | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 (1905) Tallahassee, FL 32303 | | | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O & M DEVELOPMENTÂ LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 08/01/2023 and assigned Florida document number L23000361074 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: O & M DEVELOPMENT, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1612 EAST 8TH STREET Enter new principal offices address, if applicable: SUITE #A (Principal office address MUST BE A STREET ADDRESS) JACKSONVILLE, FL 32206 PO BOX 551456 Enter new mailing address, if applicable: JACKSONVILLE, FL 32255 (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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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 Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida _

Zip Code

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> | Name | Address | Type of Action |
|--------------|-------------|-------------|------------------------|
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| | date, if other than th | oust be specific an | id cannot be prior to | o date of filing or n | ore than 90 days a | otional) fter filing.) Pursuant | to 605.0207 |
| (If an effecti Note: If | ive date is listed, the date me the date inserted in this t's effective date on the | block does not t Department of ! | meet the applical State's records. | ble statutory filin | g requirements, | this date will not t | be listed as |
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Filing Fee: \$25.00