L23000400789

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration Division of C	Section , Corporations	May was a			3.4
CMA 50 SUBJECT:	OG LLC		•		
	Name of Li	mited Liability Company		-	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
	spondence concerning this matte				
	Sean Shkolnik				
		Name of Person	-		
		Firm/Company		_	
	9497 Old Pine Road			SECR TAL	% £200 1
	Boca Raton FL 33428	Address			2023 SED 25
	drseandental@gmail.com	City/State and Zip Code			
For further information	n-man address:	(to be used for future annual report notical):	fication)	; #1 C	ے
Sean Shkolnik		305 32	64515		
Name	e of Person	Area Code Daytim	e Telephone Numbe	 2Г	
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Statu:	
Mailing Addr Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CMA JOG LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number $\frac{L23000400789}{L}$	ere filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y 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:	2
Principal office address MUST BE A STREET ADDRESS)	023 ·
-	
	F5 25
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	(Tro)
	00 O
3. If amending the registered agent and/or registered office addingent and/or the new registered office address here:	lress on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

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
VP	Niurka C Snkolnik		□Add
		9497 Old Pinc Road, Boca Raton FL 33428	≡Remove
			□Change
VP	Lila J Shkolnik		□Add
		9497 Old Pine Road, Boca Raton FL 33428	■Remove
VP	Violet E Shkolnik	SECRETALLA	Change
		9497 Old Pine Road, Boca Raton FL 33428	
MGR	Scan Shkolnik	9497 Old Pine Road, Boca Raton FL 33428	Change ■Add
			□Remove
MGR	Window C C A 1 1 2		□Change
	Niurka C Snkolnik	9497 Old Pine Road, Boca Raton FL 33428	B Add
			□Remove
			Change
			□Add
			□Remove
			[]Change

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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this bloom.	date of fili	ng:	prior to date	of filing or m	ara than 00 da	(option	al)		(05.020
The date material in this of	JCK GOUS HOL	meet the ar	opiicable st	atutory filing	g requiremen	iys after m its, this d	ng.) ri ate wi	ursuant t II not b	o 605.0207 e listed as
document's effective date on the De	parlment of	State's reco	ords.						
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e record specifies a delayed effective rd is filed.	- date, but m	ot an effecti	ve ume, at	12:01 a.m. (on the earlie	r ot: (b)	The 9	Oth day	r after the
Continuit in 12									
Dated September 13		2023	 _:						
	/_5				of a member				

Typed or printed name of signee