L23000469186

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Over Mediur	m Villages SE LLC		
JOBILOT.		Name of Lim	ited Liability Company	
		mendment and fee(s) are sub-	_	
rease return	· uii coii cspoii	delice concerning this matter	to the following.	
		Lee Moore		
			Name of Person	
		RMP LLP		
			Firm/Company	
		5519 Hackett Street, Suite	300	
		-	Address	
		Springdale, AR 72762		
			City/State and Zip Code	
		lmoore@rmp.law		
		E-mail address: (to be used for future annual report not	ification)
For further i	nformation co	ncerning this matter, please ca	all:	
Lee Moore			479 443-2705 at ()	
	Name of	Person		ne Telephone Number
Enclosed is a	a check for the	e following amount:		
■ \$ 25.00 I	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)
	iling Address		Street Address: Registration Se	ection
	gistration Se vision of Co		Division of Co	
	D. Box 6327	•	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Over Medium Villages SE 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 10/11/2023 and assigned Florida document number L23000469186 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Over Medium Villages LD LLC 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 City 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
			□Remove
			Change
			□Add
		<u></u>	
			□Add
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			Change
			□ Remove
			Change
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is filed.	not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the applicable statutory filing requirements, this date will not be listed a
	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
October 20	2023
October 20 Bulin Moore Signature of a men	
- Signature of a men	And the standard and an arranged to the standard and arranged to the standard arranged to the stan
Brian Moore, Manager	aber or authorized representative of a member

Filing Fee: \$25.00