# 124000041026

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# COVER LETTER .

PO: Registration Section Division of Corpo					
SURJECT: O'Cen	n Prime Ventures	LLC			
	Name of Limited	Liability Company		<del></del>	
The enclosed Articles of Art	nendment and fee(s) are submit	tted for filing.			
Please return all correspond	ence concerning this matter to	the following:			
	Bryan	Johnson Name of Person		····	
		Prime Ventu	res LLC	<u></u>	
	3810 5+h st_				
	Bradenton, F	L 34208 City/State and Zip Code			
				2024	· · · · · ·
For further information con-	cerning this matter, please call:			ر ا CG	
Bryon John Name of Po	S57 erson	at (941) Area Code	241-6713 Daytime Telepho	one Number	
Enclosed is a check for the	following amount:				17
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	
Mailing Address: Registration Sec	ction	~	ation Section		
Division of Cor	porations	Divisio	on of Corporatio	ns	

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears of bility Company)	n our records.)		
ne Articles of Organization for this Limited Liability Company worlda document number 12400041026	ere filed on $\frac{\int c_{\infty}}{}$	way 22,	2024 and assigned	
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liabilit	ty company here	<b>:</b>		
O-Cean Prime Ventures LLC ne new name must be distinguishable and contain the words "Limited Liability	Company," the design	gnation "LLC" or	the abbreviation "L.L.C."	
nter new principal offices address, if applicable:			- <u></u> -	
Principal office address MUST BE A STREET ADDRESS)				_
•				_
nter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	_
				<u> </u>
				•
. If amending the registered agent and/or registered office ad- zent and/or the new registered office address here:	dress on our reco	ords, <u>enter the</u>	name of the new regu	stere!
ent and/or the new registers of the party of				د ۱۱ سر. ترسید
Name of New Registered Agent:		<u> </u>	75 2	
New Registered Office Address:			(*) **	
New Registered Office Additions.	Enter Florida	street address		
		, Floric	ia	
	City		Zip Code	

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and I hereby accept the appointment as registered agent and agree to act in this capacity. I fur 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>	Address	Type of Action
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			□Remove
			□Change
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			□Remove
			□Change
		<del></del>	- Remove
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