L24000111351

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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Tallahassee, FL 32314

то:	Registration So Division of Cor			
SUBJEC	OV 18 MM	IM, LLC		
SUBJEC		Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		AMY BARNARD		
			Name of Person	
		UNICORP NATIONAL D	EVELOPMENTS, INC.	
			Firm/Company	
		7940 VIA DELLAGIO W.	AY, SUITE 200	
			Address	
		ORLANDO, FLORIDA 32	2819	
			City/State and Zip Code	
		AMY@UNICORP.COM	to be used for future annual report no) (47 mm)
For furth	ner information o	concerning this matter, please c	·	uricanon)
	ARNARD		407 999-9985	
		c b	at ()	me Telephone Number
	Name o	d Person	Area Code Dayti	me Telephone Number
Enclosed	l is a check for th	he following amount:		
≘ \$25.	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)
	Mailing Addres		Street Address:	
	Registration 5 Division of C		Registration S Division of Co	
	P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OV 18 MMM, LLC						
(<u>Name of the Lim</u>	ited Liability Co (A Florida Limi	mpany as it now appears on our reco ted Liability Company)	ords.)			
The Articles of Organization for this Limited I Florida document number L24000111351	and assigned					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of	of the limited l	iability company here:				
OV 18 Campbell, LLC						
The new name must be distinguishable and contain the	words "Limited L	iability Company." the designation "L	LC" or the abbreviation "L.L.C."			
Enter new principal offices address, if appli	cable:	N/A	F 4			
Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>				
Enter new mailing address, if applicable:		N/A	SC. All			
(Mailing address MAY BE A POST OFFICE	BOX)					
B. If amending the registered agent and/or agent and/or the new registered office addre		ce address on our records, <u>ent</u>	er the name of the new regist			
Name of New Registered Agent:	N/A					
New Registered Office Address:		Enter Florida street add	ress			
		,	Florida			
		City	r iorida 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 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>	Name	Address	Type of Action
N/A			□Add
			□Remove
			□Change
			□Add
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ive date, if other than the date of filing:	(optional)
fective date is listed, the date must be specific and cannot be prior to date of tiling. If the date inserted in this block does not meet the applicable statutory	or more than 90 days after filing 3 Pursuant to 605 020
nent's effective date on the Department of State's records.	timing requirements, this date with not be listed a
d specifies a delayed effective date, but not an effective time, at 12:01 a led.	a.m. on the earlier of: (b) The 90th day after the
September 4 2033	
Schember 4	

Typed or printed name of signee