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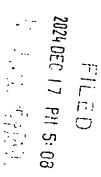
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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J. HORNE FEB - 5 2025

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
	ISORY SERVICES			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	Otto N Hall			
		Name of Person		
		Firm/Company		
	600 W Las Olas Blvd Apt	2004		
	 	Address		
	Fort Lauderdale, FL 33312			
		City/State and Zip Code		
	ohadvisoryllc@gmail.com	to be used for future annual report noti	dication)	
For further information c	oncerning this matter, please c	•	TKIN 19	
Kurt D Hall		at () 634-2550	`;	
Name of Person		Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
	S30.00 Filing Fee & Certificate of Status		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration 9		<u>Street Address:</u> Registration Se	ction	
Division of Corporations		Division of Corporations		
P.O. Box 632		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 DEC 17 PM 5: 08

O&H ADVISORY SERVICES 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 we	ere filed on	03/12/2024	and assigned
Florida document number L24000124525			
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," th	ne designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			·
-			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u></u> .
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here: Name of New Registered Agent:	lress on ou	r records, <u>en</u>	ter the name of the new registered
-			
New Registered Office Address:	Emer l	Florida street aa	dress
			. Florida
N. B	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	rformance wided for i	of my duties n Chapter 60	, and I am familiar with and 95, F.S. Or, if this document is
If Changin	ng Registered	Agent, Signati	ore 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
MGR	KURT D HALL	600 W LAS OLAS BLVD APT 2004	= Add
		FORT LAUDERDALE, FL 33312-7166	□Remove
			□Change
			□Add
			Remove
			□Change
		.	CI Add
			□Remove
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fan effect <u>Note:</u> If	e date, if other than the da tive date is listed, the date must be the date inserted in this block it's effective date on the Depa	specific and cannot be prior, does not meet the appli	r to date of filing or more the cable statutory filing rec	nan 90 days after filing.) Purs	
record s d is filed	specifies a delayed effective d l.	ate, but not an effective	time, at 12:01 a.m. on th	e earlier of: (b) The 90t	h day after the
ated	December 11th	2024			
	·	01	<u> </u>		
		Batt			·
		nature of a member or auth	norized representative of a	member	
		HALL, OTT	ON		
			ted name of signee		