From: +19543682360

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Account Name	: EQUIPIRADE AMERICA INC	(c
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OC FINANCE, LLC

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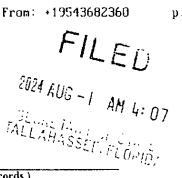
From: +19543682360

COVER LETTER

TO: Registration Se Division of Cor			
OC FINAN	ICE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter		
	ROSALBA CARRASQUE		
		Name of Person	
	HC FINANCIAL SERVIC		
		Firm/Company	
	4700 N HIATUS ROAD S		
		Address	
	SUNRISE, FLORIDA, 33	351	
		City/State and Zip Code	
	hofinancialservicestl@gmai		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
ROSALBA CARRASQ	UEL.	954 6255177 at ()	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addre Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	rporations
P.O. Box 633		The Centre of T	
Tallahassee,	FL 32314	Z415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



OC FINANCE, 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 Florida document number <u>L24000181478</u>	were filed on <u>04/17/2024</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1916 Piedmont Park Blve	d, Apopka, FL 32703
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	1916 Piedmont Park Blvo	I, Apopka, FL 32703
(Mailing address MAY BE A POST OFFICE BOX)		
**		
agent and/or the new registered office address here:		enter the name of the new regist
Name of New Registered Agent:	address on our records, 9	enter the name of the new regist
agent and/or the new registered office address here:	address on our records, 9	enter the name of the new regist
	address on our records, g	enter the name of the new regist

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.

From: +19543682360

1-Aug-2024 48:30 · To: +18506176383

p.4

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
AMBR	ORTIZ PAEZ, JULIAN JAVIER	1916 Piedmont Park Blvd, Apopka, Fl. 32703	□Add
			[]Remove
			Change
AMBR	CASTIBLANCO, GIOVANELLA	1916 Picdmont Park Blvd, Apopka, FL 32703	JAdd
			□ Remove
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Filing Fee: \$25.00