

124000 186526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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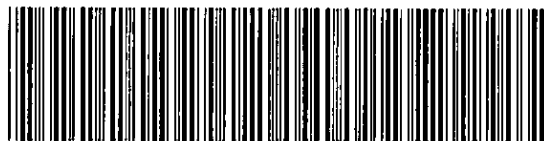
(Business Entity Name)

(Document Number)

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2024 MAY 3 3:58

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: OC Flight Lessons

The enclosed Articles of Amendment and rest(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Omar Amin

Name of Person

OC Flight Lessons

Firm/Company

3185 Airway Ave STE C2

Address

Costa Mesa CA 92626

City/State and Zip Code

omar@ocflightlessons.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Omar Amin

Name of Person

at (949) 520-3852

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

STATE
REG. FL

2024 JUL 10 11:35:58

ARTICLES OF AMENDMENT
ARTICLES OF ORGANIZATION
OF

OC 172 Group LLC

Not for Filing. If filing, please use the appropriate form.

The Articles of Organization for this Limited Liability Company were filed on April 22, 2024 and the document number is LZ4000186526.

As amended, the amendments submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".

Enter new principal office 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:

Registered Agent's Name:

Registered Agents Inc.

New Registered Office Address:

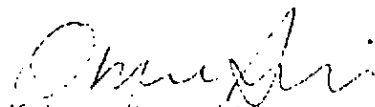
7901 4th St. N STE 300

St. Petersburg

Florida 33702

New Registered Agent's Signature, if changing Registered Agent:

I, the undersigned, agree to amend the registered agent and agree to act in the capacity of the undersigned for the purpose of and during the performance of my duties, and I am hereby resigning my position as registered agent as provided in Chapter 605, F.S. Or, if this document is being filed to change the registered office address, I hereby certify that the limited liability company has been notified in writing of this change.



If Filing Return of Agent, signature of New Registered Agent

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FILE

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[Faint, mostly illegible text from the top half of the document, possibly bleed-through from the reverse side.]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is checked, the date must be specific and cannot be prior to date of filing or more than 90 day after filing. Pursuant to 6-2-12, No 22, if the date entered on this Block does not meet the applicable statutory filing requirements, this date will not be filed. The document's effective date in the Department of State's records.

If not, enter specific and day of effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the date of filing.

Date: 5/30/24

Omar Amiri

Signature of a member or authorized representative of a member

Omar Amiri

Printed name of member

STATE
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