L24000234074

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DATE: 06/04/2024 NAME: OFB FM 1, LLC TYPE OF FILING: AMENDMENT COST: 25.00 RETURN: PLAIN COPY PLEASE ACCOUNT: FCA00000015 AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration 5 Division of Co			
OFB FM	I, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Garrett West		
		Name of Person	
	O'ahu Fresh Bowts		
		Firm/Company	,
	2148 Monroe Street		
		Address	
	Fort Myers, FL 33901		. :
		City/State and Zip Code	
	rwest@terrarealtygrp.com	to be used for future annual report notifi	· G
For further information	concerning this matter, please c	·	Caton
Garrett West		863 202-0439	
Name	of Person		Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Fiting 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 Division of (P.O. Box 63) Tallahassee,	Section Corporations 27	Street Address: Registration Sectorial Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL.	oorations allahassee Street, Suite 810

\utnentisign ID: C/47E2D3-C221-EE11-86D4-000D3A8B7EDD

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OFB FM 1, LLC

(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000234074</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the 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 a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter the</u>	name of the new registered
New Registered Office Address:		
	Enter Florida street address	
	, Florid	aZip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and 1 rovided for in Chapter 605, F.S.	am familiar with and Or, if this document is

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
MGR	Garrett West	2148 Monroe Street, Fort Myers, FL 33901	■Add
			□Remove
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effective date is listed, the date m	e date of filing: ust be specific and cannot be prior to date of filing block does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605.02 filing requirements, this date will not be listed
	Department of State's records.	5 10 10 10 10 10 10 10 10 10 10 10 10 10
cord specifies a delayed effecti s filed.	ve date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The 90th day after th
ed June 3rd	. 2024	
b	Signature of a member or authorized represent	
ZWWI MWWWWW		

Filing Coo: \$25.00