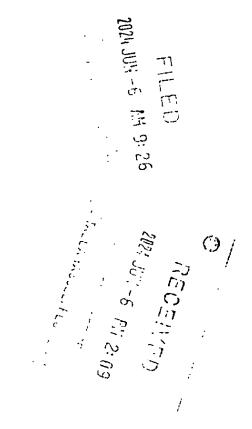
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	(Requestor's Name)
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	(City/State/Zip/Phone #)
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PICK-UF	P WAIT MAIL
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	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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Special Instructions to	Filing Officer:
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 06/06/2024

NAME: OFB FM 1, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

TO: Registration Section Division of Corporations

Tallahassee, FL 32314

COVER LETTER

OFB FM 1, SUBJECT:	LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Garrett West		
		Name of Person	
	O'ahu Fresh Bowls		
	-	Firm/Company	
	2148 Monroe Street		
		Address	
	Fort Myers, FL 33901		
		City/State and Zip Code	
	rwest@terrarealtygrp.com	15 6	
		to be used for future annual report r	iotification)
For further information c	oncerning this matter, please c	all:	
Garrett West		863 202-0439 at ()	
Name of Person		Area Code Day	time Telephone Number
Enclosed is a check for the	ne 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 Registration S		Street Address Registration	
Division of C	Corporations	Division of C	Corporations
P.O. Box 6327		The Centre o	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Nothentisign ID: 64r5E/88-8422-Er11-86D4-000D3A8B/EUU

2024 JULY & C. AM 9:27 OFB FM 1, 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 were filed on $\frac{05/20/2024}{1}$ and assigned Florida document number L24000234074 This amendment is 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 offices 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: Name of New Registered Agent: New Registered Office Address: . Enter Florida street address _. Florida <u>___</u> City

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

Authentisign ID. 64F5E788-8422-EF11-8604-000D3A887EDD 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	Karen Cardascia	6285 Wilshire Pines Cir., Unit #705, Naples, FL 3410	9 _ ≣ Add
			_ □Remove
			_ DChange
			_ □Add
			_ □Remove
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N/A	-			
				
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ective date, if other than the n effective date is listed, the date muster: If the date inserted in this blocument's effective date on the December 1.	t be specific and cannot be prior ock does not meet the applic	r to date of filing or more t able statutory filing rec	han 90 days after filing.)	Pursuant to 605.020 will not be listed a
ecord specifies a delayed effective	e date, but not an effective t	ime, at 12:01 a.m. on th	ne earlier of: (b) The	90th day after th
s filed.				
	. 2024	<u> </u>		
June 4th	. 2024			
June 4th	Signature of a member or auth	orized representative of a	member	

Filing Foot \$25.00

Registration Section

TO:

COVER LETTER

Division of Corpo			
SUBJECT:		ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Garrett West		
		Name of Person	-
	O'ahu Fresh Bowls		
		Firm/Company	
	2148 Monroe Street		
		Address	
	Fort Myers, FL 33901		
		City/State and Zip Code	
	rwest@terrarealtygrp.com F-mail address: ()	to be used for future annual report notif	ication)
For further information cor	neerning this matter, please ea		
Garrett West		863 202-0439 at ()	
Name of I	Person	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:		Street Address:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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