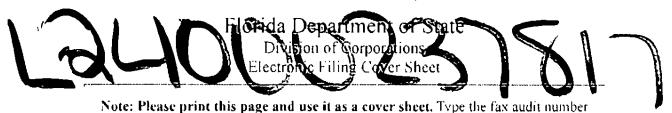
11/25/24, 10:12 AM

Division of Corporations



(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062

Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OAT MEDS LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55,00

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Help

Registration Section

TO:

From: Rajiv Srivastava

COVER LETTER

Division of Cor	rporations		
OAT MEI			
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Mike Town		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	9900 Spectrum Dr		
		Address	
	Austin, TX 78717		
	V- V	City/State and Zip Code	······································
	jeff@oatmeds.com		
	E-mail address. (6	o be used for future annual report netr	lication)
For further information of	concerning this matter, please ca	H:	
Mike Town		800 773-0888 at ()	
Name (il Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount		
S25.00 Filing Fee	☐ \$30 00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registi	ING ADDRESS: ration Section	STREET/COURI Registration Section	ıtı
Divisio	on of Corporations ox 6327	Division of Corpor Clifton Building	
	assee, FL 32314	2561 Executive Ce	inter Circle

Tallahassee, FL 32301

company has been notified in writing of this change.

From: Rajiv Srivastava

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

OAT MEDS LLC		
(Name of the Limited Liability Compa (A Florida Limited	my as it now appears on our records. Liability Company)	,)
The Articles of Organization for this Limited Liability Company	were filed on <u>05/22/2024</u>	and assigned
Florida document number 1.24600237817		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	sil <u>ity co</u> mpany h <u>ere</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC"	or the abbreviation 'L L.C."
Enter new principal offices address, if applicable:	382 NE 191st St. # 826830	6 2
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33179	024
		25
Enter new mailing address, if applicable:	382 NE 191st St. # 826830	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33179	U
		<u>ω</u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:		enter the name of the
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Ciņ	Zip Cocki
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr 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	performance of my duties, and provided for in Chapter 605, F	H am familiar with and S. Or, if this document is

From: Rejiv Srivastava

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
AMBR	Jeffley Dombroski	****	
			☐ Remove
		382 NE 191st St. # 826830 Miami, FL 33179	■ Change
			
			□ Remove
			☐ Change
			☐ Reinove
		☐ Change	
		□ Remove	
			Change
		□ Remove	
			Change
			D Add
			☐ Remove
			Change

<u></u>	
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eriv.	date, if other than the date of filing: (optional)
effect <u>e:</u> If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
. 13	;25/2024
ed	
ed	/S/ Jeffrey Thomas Dombroski
ed	/S/ Jeffrey Thomas Dombroski Signature of a member or authorized representative of a member

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Filing Fee: \$25.00