# L24000284791

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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# **COVER LETTER**

	Registration Sec Division of Corp			
	OBCBC, LI	.C		
SUBJEC	· I :	Name of Limi	ted Liability Company	
The enclo	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		SCOTT CRITZER		
			Name of Person	
		THE CRITZER LAW FIR	M PA	
			Firm/Company	<del></del>
		12889 US HWY 98 W. ST	E 110A	
			Address	<del></del>
		MIRAMAR BEACH FL 3	2550	_
			City/State and Zip Code	<u> </u>
		SCOTT@CRITZERLAW.0		
			to be used for future annual report no	ottication)
		oncerning this matter, please ca		
SCOTT	CRITZER		850 685-4285 at()	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed	l is a check for t	ne following amount:		
<b>■</b> \$25.	.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration		Street Address: Registration S	Section
	Division of C		Division of C	orporations
	P.O. Box 633	27	The Centre of	
	Tallahassee.	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OBCBC, LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears on our recor Liability Company)	<u>'ds.</u> )
The Articles of Organization for this Limited L Florida document number <u>L24000284791</u>		were filed on 06/24/2024	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STREE	ET ADDRESS)	<del></del>	
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	BOX)		7.7
			<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, ente	r the name of the new register
Name of New Registered Agent:	<u>N/A</u>		
New Registered Office Address:	N/A		
		Enter Florida street addr	ess
			FloridaZip Code
		City	гір с өле

### 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. Thereby confirm that the limited liability company has been notified in writing of this change.

' 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	JOYCE J. OAKS	215 PROSPECT AVENUE	
		WATERLOO IA 50703	≣Remove
			□ Change
			□Add
			□Remove
			☐ Change
		<del></del>	□Remove
		<del> </del>	□Change
			⊡Add
			□Remove
			□ (`hange
			□Add
			□Remove
			©Change
			⊡∧dd
			□Remove
			□Change

	N/A
-	
•	
•	
Effec	tive date, if other than the date of filing: (optional)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
(If an effective 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  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.  Dated	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  JOYCE J. OAKS

Filing Fee: \$25.00

# **COVER LETTER**

	gistration Sect rision of Corpo			
SUBJECT:	OBCBC, LLC			
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	i Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return	all correspond	dence concerning this matter (	to the following:	
		SCOTT CRITZER		
		,,	Name of Person	
		THE CRITZER LAW FIRE	M PA	
			Firm/Company	<del></del>
		12889 US HWY 98 W, ST	E 110A	
			Address	
		MIRAMAR BEACH FL 3.	2550	
			City/State and Zip Code	
		SCOTT@CRITZERLAW.C	OM o be used for future annual report no	tification)
For further i	nformation con	deerning this matter, please ca	·	
SCOTT CR	ITZER		850 685-4285 at ()	
	Name of F	Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for the	following amount:		
<b>■</b> \$25,00 t	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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OBCBC, LLC				
(Name of the Limi	ted Liability Comp (A Florida Limited	pany as it now appears of Liability Company)	on our records.)	
The Articles of Organization for this Limited E Florida document number L24000284791		y were filed on06/2	4/2024	and assigned
This amendment is submitted to amend the foll	lowing:			
A. If amending name, enter the new name of	of the limited lia	bility company here	<u>:</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited Liab	pility Company," the desi	gnation "LLC" or the	abbreviation "L.IC."
Enter new principal offices address, if applic	cable:	N/A		
(Principal office address MUST BE A STREE	ET ADDRESS)			
			<u>.                                    </u>	
Enter new mailing address, if applicable:		N/A		
Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or agent and/or agent and/or the new registered office addre	registered office ess here:	address on our reco	ords, <u>enter the na</u>	me of the new registere
Name of New Registered Agent:	N/A		_	
New Registered Office Address:	N/A			
		Enter Florida	i street address	-
			, Florida _	
		City		Zip Code

## 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

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	JOYCE J. OAKS	215 PROSPECT AVENUE	□Add
		WATERLOO IA 50703	■Remove
			©Change
			□Add
			□Remove
			Change
			🖸 Add
			□Remove
			□ Change
		·	□Add
			□Remove
			□ Change
			□ Add
		<del></del>	□Remove
		*	Change
			□Add
			□Remove
			[]Changa

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Deen Ol	ed	10/5 2024
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		( pegs ( ) Ol
•		Signature of a member or authorized representative of a member
JOYCE J. OAKS		Typed or printed name of signee

Filing Fee: \$25.00