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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Sec Division of Corp					
SUR IF	ORIADE, L					
SUBJECT: Name of Limited Liability Company						
The encl	osed Articles of A	Amendment and fee(s) are sub	unitted for filing.			
Please re	turn all correspoi	ndence concerning this matter	to the following:			
		ADEWALE FAWOLE				
			Name of Person			
		ORIADE, LLC				
			Firm/Company			
		10715 NE 26TH DR.				
			Address			
OXFORD, FL 34484.						
		ADEWALEFAWOLE@GN				
For fireth	er information co	E-mail address: (oncerning this matter, please c	to be used for future annual report notif	icatioπ)		
		oncerning and maner, prease c				
ADEWALE FAWOLE			216 820-0679 at ()			
	Name of	Person	Area Code Daytime	: Telephone Number		
Enclosed	is a check for the	e following amount:				
■ \$25.6	00 Filing Fee	S30.00 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 S	ection	Street Address: Registration Sec			
	Division of Co P.O. Box 6321		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORIADE, 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 $\frac{07/22/2024}{1}$ and assigned Florida document number _____L24000323773 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 "L.L.C." 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

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.

City

_, Florida ___

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	OLUREMI R. FAWOLE	10715 NE 26TH DR,	■Add
		OXFORD, FL 34484	□Remove
			□Change
AMBR	DEBORAH O. FAWOLE	10715 NE 26TH DR.	= Add
		OXFORD, FL 34484	□Remove
	-	-	□Add
			□Add
			□ Remove
		······································	Change
			□Add
			Remove
			☐ Change
			□ Add
			Remove
			□ Change

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•	
	
Note:	tive date, if other than the date of filing:
ne reco ord is f	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 d.

Dated	
Dated	Axtva indones
Dated	Nativoleys Signature of a member or authorized representative of a member