L24000384152

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TO: Registration Section Division of Corporation	s	
SUBJECT: OCHBrea	Mame of Limited Liability Company	_
The enclosed Articles of Amendment	ent and fee(s) are submitted for filing.	
Please return all correspondence co	oncerning this matter to the following:	
A	ndre Aspirany Name of Person	
	Firm/Company	
16	6914 Anchor Root St	
_C	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)	_
For further information concerning		
Andre Aspira	Area Code Daytime Telephone Num	lber
Enclosed is a check for the following	ing amount:	
~	crtificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Difiling Fee. Grate of Status & Green Copy Conal copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF C	DRGANIZATION	200
O	F	402402 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Outbreak Interective (Name of the Limited Liability Compa (A Florida Limited)	LLC	202405 17 Fil 1: 16
(A Florida Limited I	Liability Company)	·
The Articles of Organization for this Limited Liability Company Florida document number <u>L 24000 384152</u> .	were filed on <u>09/03</u>	3/2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here;	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"L.L.C." 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 agent and/or the new registered office address here:	address on our records, <u>er</u>	nter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
		. 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.

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMB</u> R	Andre Aspirany	16914 Anchor Root St, Wilmaum FL, 33548	n √Add
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Note:	ive date, if other than the date of filing:
recor d is fil	d 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 led.
Dated	OCTODEC 4th 2024 Efficie Summer Signature at thember or authorized representative of a member
	Coffice grant
	Signature and member or authorized representative of a member

Filing Fee: \$25.00