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COVER LETTER

	Registration Se Division of Cor					
CUBICO	Ocean View Financial Services, LLC					
SUBJEC	1:	Name of Lim	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing			
		ondence concerning this matter	<u> </u>			
	·	3				
		Wanna Jo P. Parker				
			Name of Person			
		Ocean View Financial Ser	vices, LLC			
			Firm/Company			
		5753 Highway 85N #2597				
			Address	-		
	Crestview, FL 32536					
			City/State and Zip Code			
		wbighom@gmail.com E-mail address: (to be used for future annual report no	ptification)		
For furthe	er information c	oncerning this matter, please c	·			
Wanna Jo	P. Parker		808 779-7068			
•	Name o	f Person	at () Area Code Dayti	ime Telephone Number		
		C 11				
		ne following amount:		- 040 00 EW - 5		
= \$25.0	0 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		Street Address:			
Registration Section Division of Corporations			Registration Section Division of Corporations			
]	P.O. Box 632	2.7	The Centre of	Tallahassee		
	l'allahassee, l	トレ <i>323</i> 14	2415 N. Moni	roe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ocean View Financial Services, LLC		
(Name of the Limited Liability Company as it now it A Florida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited Liability Company were filed of Florida document number 1.24000399119	on September 12, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	ny here:	
PTW Financial Services, LLC		
The new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "LLC" or the abbro	eviation "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 one agent and/or the new registered office address here: Name of New Registered Agent:	our records, enter the name of	of the new regin
New Registered Office Address:		
	er Florida street address (13)	
Cuy	I lot ida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	2

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>	Name	Address	Type of Action
- · · · · · · · · · · · · · · · · · · ·			
			□Remove
			□ Change
			□Add
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			☐Change
			□Add
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be priced does not meet the appl	icable statutory filing re		
the record specifies a delayed The 90th day after the reco		ot an effective tim	ie, at 12:01 a.m. or	the earlier of:
Dated 10/25	. 2024	·		
	Signature of a member or aut			
(Signature of a member or aut	horized representative of	a member	
Wanna Jo P, Parker				
	Typed or prir	nted name of signee		