## L24000 492986

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243

Please use funds from the ad	
Authorization Signature OMO AREWA Properties, LL	Jan Felin
OMO AREWA Properties, Ll	<u>.C L24000492986</u> ()
Business	#Document
Walk in	Will wait
X_ Certified Copies ofX_ Certificate of Status	the Articles of Organization –
<u>NEW FILINGS</u>	<u>AMENDMENTS</u>
Profit	_X Amendment
Not for Profit	Resignation of R.A.
	Change of Registered Agent
Domestication	Dissolution/Withdrawal
INC	Conversion
CORP	Statement of Authority
OTHER	Merger
01111.10	Amended and Restated Articles
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
_Annual Report	Foreign Filing
<del></del> '	Partnership
Fictitious Name	Reinstatement
	CORRECTION for a LLC
_ Statement of Authority	
otteement of Attanoing	Domestication of a Foreign Corp.
APOSTIL	ixinesteadon or a roreign corp.
COUNTRY	Other
EVAMINED'S INITIALS:	

## **COVER LETTER**

Tallahassee, FL 32314

TO:	Registration ! Division of Co				
CHID IEZ		REWA Properties, LLC			
SUBJEC	CI;	Name of Lim	ited Liability Company		_
The encl	losed Articles o	of Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all corresp	pondence concerning this matter	to the following:		
		Wynne Reece, Esq.			
			Name of Person		_ <del>_</del>
		Bassford Remele, PA			
			Firm/Company		
		100 South 5th Street, Suite	2 1500		
			Address	<del></del>	
		Minneapolis, MN 55402			
			City/State and Zip Code		
		wreece@bassford.com	to be used for future annual	and natification)	_
For furth	her information	concerning this matter, please c		report normeation)	
Megan	Tilton, Esq.		612 370 at ()	6-1664	
	Name	of Person	Area Code	Daytime Telephone Nun	nber
Enclose	d is a check for	the following amount:			
□ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certi	0 Filing Fee. ficate of Status & fied Copy ional copy is enclosed)
	Mailing Addr		Street Ac		
	Registration Division of	Section Corporations		ation Section n of Corporations	
	P.O. Box 6	•		ntre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

OMO AREWA Properties, LLC

2024 DEC 13 AM 11: 29

(Name of the Limited Liability Comp	any as it now appears on our records.) Liability Company)
(A Florida Limited	Tability Company)  IALLAHASSEE, FLORIDA  and assigned
The Articles of Organization for this Limited Liability Company	v were filed on 11/22/2024 and assigned
	were med on and doorgood
lorida document number 1.24000492986	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
Not applicable.	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	485 BRICKELL AVE., Apt. 3208
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL.
	33131
Enter new mailing address, if applicable:	485 BRICKELL AVE., Apt. 3208
Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL
	33131
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  Not applicable	
Name of New Registered Agent:  Not applicable	
gent and/or the new registered office address here:	
Name of New Registered Agent:  Not applicable	e.

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 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	LEYE OLABAJU	18091 72ND PLACE N.	□Add
	Change to: OLALEYE OLAGBAJU	MAPLE GROVE, MN	□Remove
		55311	□Change
			□Add
			□Remove
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factive data if other than the	ata of filings		(optional	`	
fective date, if other than the d in effective date is listed, the date must b ote: If the date inserted in this bloc cument's effective date on the Dep	k does not meet the applicab	date of filing or more than le statutory filing requir	90 days after filing	g.) Pursuant to 60	15.0207 sted as
record specifies a delayed effective is filed.	date, but not an effective tim	e. at 12:01 a.m. on the c	arlier of: (b) T	he 90th day aft	er the
December 13,	2024	_·			
(50%)	ignature of a member or authori				