L25000107814

Office Use Only



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COVER LETTER

SUBJECT:	OL FUM Name of Lim	A LLC ited Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Zayn	Abbour Name of Person	
	OLE	EUMA LLC Firm/Company	
Division of Corporations SUBJECT: OLFUMA LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: \[\begin{align*} \textit{Zay ng b} & \textit{Abbout} \\ \textit{Name of Person} \\ \textit{OLEUMA LLC} \\ \textit{Firm/Company} \\ \textit{Brim/Company} \\ B			
	Pharmdza	City/State and Zip Code	Dour Son C any Ab, Bradenton FL 34202 L 34202 p Code D 9 Mail Com c annual report notification) The control of the control
For further information co		·	٣٠ -
			4957 5m 9
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address	s:	Street Address:	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OLEUMA LLC	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L25000107814</u>	were filed on 314 70.25 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8429 Lorraine Rd unit 126.
(Principal office address MUST BE A STREET ADDRESS)	Bradenton FL 34202
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same as above
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter the name of the new registered</u>
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing 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
AMBR	Zaynab Abbour	8429 Lorraine Rd unit 126, Brade FL 36	nton Dadd
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Effectiv	e date, if other than the date of filing:(opt	ional)	
If an effe	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, the	er filing.) Pursuant to 60	5.0207 (3)(
docume	it's effective date on the Department of State's records.	is date will not be its	ieu as ine
rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (I		
	Marsh C	;·	2025 H
Dated _	March 5 , 2025.	155 155	HAR 2
	Laynal Altour		28 PM 3
	Signature of a member or authorized representative of a member		PR (
	Zaynab Abbour	1.000 E	မ္ဘ 51
	Typed or printed name of signee		7