M23000014262

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CSC - Tallahassee
CSC 1201 Hays Street

Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592
Date: 01/31/24
Order #: 1412075-1
Re: Oci Associates, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

usaleran

I2000000195 Authorization:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited liability company is: M23000014262 SECOND: The Florida Document number of the limited liability company is: Application by Foreign Limited Liability Company for Authorization to Document to be corrected is: Transact Business in Florida THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: There was a typographical error contained in the name of the primary member authorized to manage. The name of the member was incorrectly identified as Legacy Subsidiary Holdings, LLC The correct name of the member is Legence Subsidiary Holdings, LLC OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: OR The electronic transmission of the record was defective. 01/31/2024 Signature of Authorized Representative Date Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). 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. Registered Agent's Signature

\$25.00

\$30.00 (optional)

Filing Fee: Certified Copy: