L090000 99868

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SECRETARY OF STATE ALLAHASSEE, FLORIDA 7011, FER _2 PM 2:

FEB - 4 2013 T. **HAMPTON**

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

OKS Beach Place, 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:

Thomas Scott

Name of Person

OKS Beach Place, LLC

Firm/Company

1000 5th Street, Suite 223

Address

Miami Beach, FL 33139

City/State and Zip Code

tom@queensfortcapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Scott

_305 4244444

Name of Person

Area Code

Daytime Telephone Number

Enclosed 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 enclosed)

□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OKS Beach Place, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	y Company were filed on 10/16/2009	and assigned	
Florida document number L09000099868		7 23	
This amendment is submitted to amend the following	ı;	ZOIN FEB TALLAHI	
A. If amending name, enter the new name of the l	imited liability company here:	AASS	
		man - m	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designa	22 m	
Enter new principal offices address, if applicable:		DE O	
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		nter the name of the new	
Name of New Registered Agent:	72-22-396		
New Registered Office Address:			
	Enter Florida street address		
	, Florid		
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title** <u>Address</u> **Type of Action Name** 1000 5th Street, Suite 223 **MGMR** Okalhoma South Restaurant Group, LLC Add Miami Beach, FL 33139 1000 5th Street, Suite 223 **MGMR** OKS Fort Lauderdale Beach - Flagship Location, LP Miami Beach, FL 33139 Remove Remove Remove

If amending any other informa	tion, enter change(s) here: (Attach add	litional sheets, if necessary.)
•		···
Effective date, if other than the an effective date is listed, the date	date of filing: must be specific and cannot be more that	(optional) an 90 days after filing.) (605.0207 (3)(
January 7		
1	how Seath	
- 1.2		: 6
Sig	nature of a member or authorized represen	tative of a member
Sig	mature of a member or authorized represen Thomas E. Scott	tative of a member

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 FEB -3 PM 3: 56
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