

217000032667

(Requestor's Name)

(Address)

(Address)

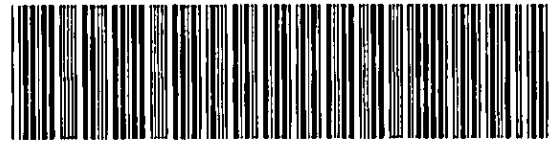
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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02/01/18--01011--014 **30.00

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TALLAHASSEE, FLORIDA
18 FEB - 2 AM 2:40

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OARES INVESTMENTS 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:

TATIANE BERTON

Name of Person

ASSELFIS INTERNATIONAL

Firm/Company

6735 CONROY RD STE 307

Address

ORLANDO - FL - 32835

City/State and Zip Code

TATIANE@ASSELFIS.COM

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

For further information concerning this matter, please call:

TATIANE BERTON

407 8261034
at (_____) _____

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 ORGANIZATION
OF

OARES INVESTMENTS 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 Company were filed on 02/09/2017 and assigned Florida document number L17000032667.

This amendment is submitted to amend the following:

v. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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)

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TALLAHASSEE, FLORIDA
18 FEB -2 AM 2:10

. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: ASSELFIS INTERNATIONAL

New Registered Office Address: 6735 CONROY RD STE 307

Enter Florida street address

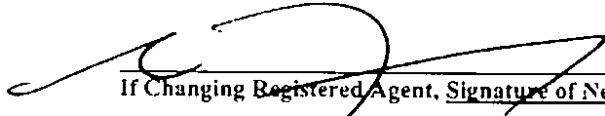
ORLANDO, Florida 32835

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



MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	REIS DE SOUSA, OTAVIO A	ROD DOS NAUFRAGOS, 8750 - 1	<input type="checkbox"/> Add
		ARACAJU, SE 49039--000 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GALERIA FAROL LTDA	RUA ENG JORGE DE OLIVEIRA	<input checked="" type="checkbox"/> Add
		COROA DO MEIO ARACAJU - S	<input type="checkbox"/> Remove
		49035-300	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change



D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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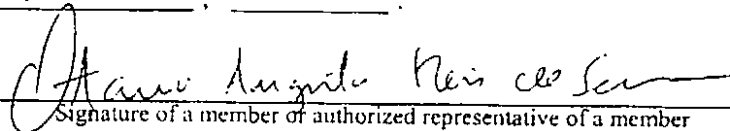
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 02/19/18


Signature of a member of authorized representative of a member

OTAVIO AUGUSTO REIS DE SOUSA

Typed or printed name of signee