

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

H19000356454

Note: Please print this page and use it as a cover sheet. Type the fax or dial number (shown below) on the top and bottom of all pages of the document.

((H19000356454 3))



H190003564543ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

2019 DEC 10 PM 3:54

Division of Corporations

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

OKI LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2019 DEC 10 P 1:31
STATE OF FLORIDA
TALLAHASSEE

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

OKI LLC

~~(Name of the Limited Liability Company as it now appears on our records)~~ 1-31
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/06/2019 and assigned Florida document number L19000287923

This amendment is submitted to amend the following:

A. 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)

999 Ponce de Leon Boulevard, Suite 640
Coral Gables, FL 33134

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

999 Ponce de Leon Boulevard, Suite 640
Coral Gables, FL 33134

B. 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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	FERNANDO JUAN HERNANDO COYTO	999 Ponce de Leon Boulevard, Suite 640	<input type="checkbox"/> Add
		Coral Gables, FL 33134	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

