

**LD3000022775**

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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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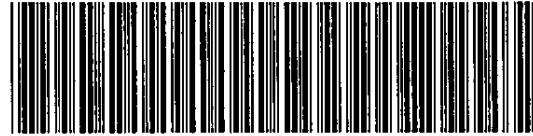
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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MAR 28 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OFG 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:

Gary P. Simon

\_\_\_\_\_  
Name of Person

Simon & Simon, P.A.

\_\_\_\_\_  
Firm/Company

9500 S. Dadeland Blvd., Suite 708

\_\_\_\_\_  
Address

Miami, Florida 33156-2849

\_\_\_\_\_  
City/State and Zip Code

marc@browardmotorsports.com

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

For further information concerning this matter, please call:

Gary P. Simon, Esquire

305 670-6750  
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 AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

OFG 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 June 23, 2003 and assigned  
Florida document number L03000022775.

This amendment is submitted to amend the following:

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

OSH Investments, LLC

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:

16400 NW 2nd Avenue, Suite 203

(Principal office address MUST BE A STREET ADDRESS)

North Miami Beach, FL 33169

Enter new mailing address, if applicable:

16400 NW 2nd Avenue, Suite 203

(Mailing address MAY BE A POST OFFICE BOX)

North Miami Beach, FL 33169

**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	Marc Osheroff	16400 NW 2nd Ave	<input checked="" type="checkbox"/> Add
		#203	<input type="checkbox"/> Remove
		N. Miami Bch, FL 33169	<input type="checkbox"/> Change
MGR	Andre Hurut	16400 NW 2nd Ave	<input checked="" type="checkbox"/> Add
		#203	<input type="checkbox"/> Remove
		N. Miami Bch, FL 33169	<input type="checkbox"/> Change
MGR	Scott Seegal	16400 NW 2nd Ave	<input checked="" type="checkbox"/> Add
		#203	<input type="checkbox"/> Remove
		N. Miami Bch, FL 33169	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

1. 1.1

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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**

2017

~~Signature of a member or authorized representative of a member~~

Marc A. Osheroff, as Manager

Typed or printed name of signee