L030000 30567

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
MAR -1 2010
EXAMINER

Office Use Only

800196256338

02/28/11--01046--024 **30.00

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	Oxy	moron, LLC			
SOBOLET.		ited Liability Company		_	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
		Joseph Friedes			
		Name of Person			
		Firm/Company			
,	3801	NE 207 Street, Suite	704	2011 TALL	
	A	ventura, Florida 33180	1	2011 FEB 28 SESSE JARY TALLAHASSEI	Ti
City/State and Zip Code				171	7
		riedesJ@bellsouth.net	rt notification)	PH 3:	
For further information	concerning this matter, please of	call:		24	
	seph Friedes	at (954)	270-0577		
Name o	of Person	Area Code & I	Daytime Telephone Num	ber	
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	Certifi (closed) Certifi	Filing Fee, icate of Status & ied Copy is encl	osed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/Control Registration Division of Control Build	Corporations	: .	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

·	Oxymoron, LLC		
(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Li		9/18/2003	and assigned
Florida document numberL030000	30567		~ .
This amendment is submitted to amend the follow. A. If amending name, enter the new name of	owing:	SÉCRETARY EF S ALLAHASSEE FL	FILE!
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Compan	ny," the designation L	Cor the abbreviation
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)		
B. If amending the registered agent and/o registered agent and/or the new registered off		ur records, <u>enter th</u>	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Ente	er Florida street addr	ess
,		, 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action Title Name Address **MGRM** Mark Friedes 1712 La Fayette Road ✓ Add Los Angeles, Calif 90019 Remove ☐ Add ☐ Remove ☐ Add Remove \square Add Remove **D.** If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February 23 2011 Dated ___ Signature of a member of authorized representative of a member Frie des
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00