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(Re	equestor's Name)	
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COVER LETTER

TO: Registration So Division of Con			
Oakland M	lanagement, LLC	,	•
SUBJECT:		nited Liability Company	-
		med manney economy	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dena Auletto		
		Name of Limited Liability Company and fee(s) are submitted for filing. ning this matter to the following: tto Name of Person Goodwin Firm/Company 7th Street, 2nd Floor Address redale, FL 33316 City/State and Zip Code navlaw.com E-mail address: to be used for future annual report notification) matter, please call: at (
	Saavedra-Goodwin		S60.00 Filing Fee. Certificate of Status & Certified Copy Tadditional copy is enclosed) Section Corporations
	-	Firm/Company	
	312 S.F. 17th Street, 2nd I	Floor	
	— On one Cana		
	Fort Lauderdale, FL 33310		
	- Ort Gaugerdale, 11, 5,531		
	dauletto@saavlaw.com	Submitted for filing. ter to the following: Name of Person	
	-	to be used for future annual report no	tilication)
For further information c	oncerning this matter, please c	ali:	
Dena Auletto			
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ie following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration 5			
Division of C			
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, I	FL 32314	2415 N. Monre	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Oakland Management, LLC

company has been notified in writing of this change.

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

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 09/27/2004 and as the	vd
Florida document number L04000070240	·u
Fronda document number	
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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
D. If any all the state of the	
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:	gistered
agent and of the new registered whee address here.	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	
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 we provide the state of the property and complete a reference of all states relative to the property and complete a reference of all states relative to the property and complete a reference of all states relative to the property and complete a reference of all states and the states are the property and complete a reference of all states are the property and complete a reference of all states are the property and agree to act in this capacity. I further agree to comply we have a reference of all states are the property and agree to act in this capacity.	ith the
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen	A a ic
	1-18

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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>	Address	Type of Action
COO/S	Warren D. Kroeppel	4860 N.E. 12th Avenue	
		Fort Lauderdale, FL 33334	≣Remove
			□Change
			□Remove
			☐ Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
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ctive date, if effective date is	f other than the constant of the first of the state of the date must	late of filing be specific and	z: cannot be pric	or to date of filin	g or more than 9	(optiona 0 days after tili	t l) ng.) Pursuant to	605.020
e: If the date	inserted in this blo- tive date on the Dep	ck does not m	neet the appli	cable statutory	y filing require	ments, this da	ite will not be	listed as
			tate is record					
ord specifies	a delayed effective	date, but not	an effective	time, at 12:01	a.m. on the ea	rlier of: (b)	The 90th day a	ifter the
s filed.							Í	
edC	lugust	-5	202	<u>O</u> .				
	100	(D) 1103	han col					
	Just III	/xxx	<u> </u>					
	Just M.	signature of a r	nember or aut	horized represei	ntative of a mem	ber		-

Filing Fee: \$25.00