

L05000102193

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : NATIONS BUSINESS CENTER, INC.
Account Number : 120000000238
Phone : (305) 591-9448
Fax Number : (954) 753-3447

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2015 MAY 22 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OCS ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	1
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May 22, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NATION BUSINESS CENTER

SUBJECT: OCS ENTERPRISES, LLC
REF: L05000102193

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name in part A is not legible.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

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Letter Number: 615A00010832

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15 MAY 21 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF AMENDMENT 2015 MAY 22 AM 8:20
TO
ARTICLES OF ORGANIZATION SECRETARY OF STATE
OF TALLAHASSEE, FLORIDA

OCS ENTERPRISES, 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 10/17/2005 and assigned
Florida document number L05000102193

This amendment is submitted to amend the following:

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

ilima Education Group, LLC

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

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)

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:

Alina T. O'Connor

New Registered Office Address:

1033 NE 17th Way Apartment 603

Enter Florida street address

Fort Lauderdale

City

Florida 33304

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.

X *Alina*

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>
MGRM	Mark A. O'Connor	1033 NE 17th Way Apt 603	<input type="checkbox"/> Add
		Fort Lauderdale FL 33304	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[The page contains faint horizontal lines, suggesting it was part of a lined notebook or document.]

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TALLAHASSEE, FLORIDA

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)(h)

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 May 20, 2015

X ~~Shine~~

Signature of a member or authorized representative of a member

x ALINA T O'Connor

Typed or printed name of signee