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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP - 8 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 3900 WOODLAKE, 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:

OFER TAMIR
Name of Person
OK 3900, LLC
Firm/Company
3001 W HALLANDALE BEACH BLVD #315
Address
PEMBROKE PARK, FL 33009
City/State and Zip Code
INFO@FLPRIMEACQUISITIONS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OFER TAMIR at **(786) 522.0717**
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3900 WOODLAKE, 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 05/09/2006 and assigned
Florida document number L06000048741.

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 end with 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)

3001 W HALLANDALE BEACH BLVD
SUITE 315
PEMBROKE PARK, FL 33009

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3001 W HALLANDALE BEACH BLVD
SUITE 315
PEMBROKE PARK, FL 33009

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:

OK 3900, LLC

New Registered Office Address:

3001 W HALLANDALE BEACH BLVD #315

Enter Florida street address

PEMBROKE PARK

City

, Florida 33009

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

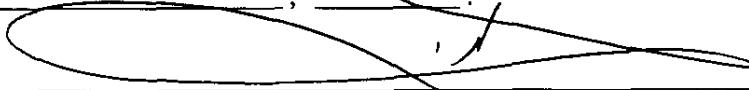
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	OK 3900, LLC	3001 W HALLANDALE BEACH BLVD	<input checked="" type="checkbox"/> Add
		SUITE 315	<input type="checkbox"/> Remove
		PEMBROKE PARK, FL 33009	
MGR	OFER TAMIR	2241 NE 197TH ST	<input type="checkbox"/> Add
		MIAMI, FL 3180	<input checked="" type="checkbox"/> Remove
MGR	COFA, LLC	2625 COLLING AVE APT 1810	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33140	<input type="checkbox"/> Remove
MGR	DANIEL FABIOUS	2625 COLLINS AVE APT 1810	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **AUGUST 26TH**, **2014**



Signature of a member or authorized representative of a member

OFER TAMIR

Typed or printed name of signee

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Filing Fee: \$25.00

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