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SECRETARY OF STATE
ANASSEE, FLORIDA

C. LEWIS
FEB 2 5 2009
EXAMINER

## **COVER LETTER**

TO: Registration Sec Division of Corp	tion orations		
SUBJECT:	O Lee Holding	ng 5 LLC ted Liability Company)	
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Mare c.	Baron (Name of Person)	
	Blue Horiza	(Firm/Company)	
	3300 Airpor	7 Rd Box # 103 (Address)	<u>-</u>
		(City/State and Zip Code)	
For further information con	ncerning this matter, please ca	ill:	
MARC C.	ZARON	at (646)250 0513 (Area Code & Daytime T	3
(Name of	Person)	(Area Code & Daytime 1	elephone 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

FILED

2009 FEB 24 PM 1: 50

SECRETARY CF STATE
TALLAHASSEE. FLORIDA

Oleo Haldin	c 11 C	TALLA	HASSEE. FLORIDA
(Name of the Limited	S LLC Liability Company as it now app Florida Limited Liability Compan	ears on our records.)	,
The Articles of Organization for this Limited Lia Florida document number <u>Lo 70000</u>	ability Company were filed on _	1 1 0	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company	<u>here</u> :	
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Cor	npany," the designation "Ll	.C" or the abbreviation
Enter new principal offices address, if applica	ible:		
(Principal office address MUST BE A STREE	T ADDRESS)		
•			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u> </u>		<del> </del>
•			
B. If amending the registered agent and/o registered agent and/or the new registered of		n our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:		ARON ESQ	
New Registered Office Address:	1111 Bricke	(Enter Florida street addr	ress)
	MIAMI	, Florida <u>3</u>	3131
	(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 Changing Registered Agent, Signature of New Registered Agent)

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 <u>Title</u> Name Address 3300 AIRPORT Road MGRM Add Remove OLEE CORP. P.O. BOX 756 Deerfield Beach MGRM Remove Add Remove ☐ Add Remove Remove \_\_\_ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 19 Fcb Signature of a member or authorized representative of a member Marc C. Baron
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00