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 : CORPORATE CREATIONS INTERNATION

Account Number: 110432003053 Phone

: (561)694-8107

Fax Number

: (561)694-1639

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

 1	Address:			
rmall	AUULMSS:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OS PACIFIC, LLC

Certificate of Status 0 0 Certified Copy Page Count 03 \$25.00 Estimated Charge

SEP 2 9 2015

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OS PACIPIC, LLC			
(Name of the Limited Liabili (A Florida	ty Company as if now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability C	and assigned		
Florida document number L07000062829	•••·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or th	e-abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	(ESS)	<u></u>	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		S S	

		38.44 80.44 80.44	
B. If amending the registered agent and/or registered agent and/or the new registered office add.		er the figure of the nev	
reastored agent and/or site new reastored office and	tess nege.	<u> </u>	
Name of New Registered Agent:			
New Registered Office Address:			
	hnter Florido street address		
	, 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 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.

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

Title	Name	Address	Type of Action
Managing Membe	United Ohana LLC	c/o United Ohana	DAdd
		13355 Noel Road Suite 1645	■ Remove
		Dallas, TX 75240	☐ Change
Managing Membe	Sunil Dharod	c/o United Ohana	
		13355 Noel Road Suite 1645	□ Remove
		Dalias, TX 75240	☐ Change
Managing Member	Elio Alfonso	c/o United Ohana	
	•	13355 Noel Road Suite 1645	☐ Remove
		Dallas, TX 75240	Change
			D Add
			□ Remove
			Change 5
			Add SEP 28 Removes
			AM CONTROL OF THE CON
			☐ Remove
			☐ Change

			
		<u> </u>	
		SEP SEP	
		ASSET 28	t.
<u> </u>		To A	•
			•
			
(If an effective Note: If th	tate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 of date inserted in this block does not meet the applicable statutory filing requirem effective date on the Department of State's records.	(optional) days after filing.) Pursuant to 605.020 tents, this date will not be listed a	7 (3)(s the
	specifies a delayed effective date, but not an effective time, at 1 h day after the record is filed.	12:01 a.m. on the earlier o	of:
Dated	September 25, 2015 Signature of a mamber or authorized representative of a member of authorized representative of a member of authorized representative of a member of signee		
-	Signature of a mamber or authorized representative of a member	WT	

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Filing Fee: \$25.00