L09000088845

Florida Department of State
Division of Corporations
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To:
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From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

OLEO ART & COMUNICATIONS, LLC

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S. HAWKES
JUL 28 2009
EXAMINER

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

OLEO ART & COMUNICATIONS, 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 07/02/2007 and assigned Florida document number L07000068845.

This amendment is submitted to amend the following:

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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)

_____

_____

_____

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: _____

New Registered Office Address: _____

Enter Florida 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 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

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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

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TALLAHASSEE, FLORIDA

Title	Name	Address	Type of Action
P	Elizabeth M. MUNOZ	5090 SW 64th Ave Apt # 107-B DAVIE, FL 33314	☐ Add ☑ Remove
V/D	Ruben RAMIREZ	5090 SW 64th Ave Apt # 107-B DAVIE, FL 33314	☐ Add ☑ Remove
MGRM	Ruben RAMIREZ	5090 SW 64th Ave Apt # 107-B DAVIE, FL 33314	☑ Add ☐ Remove
MGRM	Samuel MUNOZ	5090 SW 64th Ave Apt #205-B DAVIE, FL 33314	☑ Add ☐ Remove
MGRM	Daniel DE JESUS	5090 SW 64th Ave Apt #205-B DAVIE, FL 33314	☑ Add ☐ Remove
MGRM	Elizabeth M. MUNOZ	5090 SW 54 Th Ave Apt #107-B DAVIE, FL 33314	☑ Add ☐ Remove

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

Dated July 25 2009

Signature of a member or authorized representative of a member

Ruben RAMIREZ (MGRM)
Typed or printed name of signee

Filing Fee: $25.00

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