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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATION:

## **COVER LETTER**

Division of Corpo	orations				
CUDIECT.	OM ABSOLUTE	RETURN FUND, L	LC		
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
	GIGNESH MOVALIA				
		Name of Person			
	OM GLOBAL INVESTMENT FUND, LLC				
		Firm/Company			
	15310 AMBERLY DRIVE, SUITE 250				
		Address		-	
	TAMPA, FL 33647				
	City/State and Zip Code				
	F-mail address: (t	M@OMIMLLC.COM o be used for future annual report	t notification)		
For further information as	ncerning this matter, please c				
For further information con	icenting this matter, piease c	an.			
GIGNE	SH MOVALIA	at ( 813 )	388-5476 Paytime Telephone Number		
Name of Person		Area Code & D	aytime Telephone Number	or	
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 enc	closed) Certifie	ate of Status &	
MAII IN	NG ADDRESS:	\$TDFFT/C/	DURIER ADDRESS:	,	

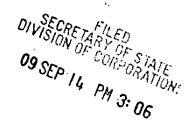
TO: Registration Section

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OM ABSOLUTE RETURN FUND, LLC



Zip Code

and assigned		
LLC" or the abbreviation		
15310 AMBERLY DRIVE		
the name of the nev		
lress		

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.

City

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 **Title** <u>Name</u> **Address Type of Action ▼**Add MGRM SONA MOVALIA 15310 SUITE 250 Remove TAMPA. ☐ Add Remove ☐ Add Remove Remove □Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **SEPTEMBER 8** 2009 Dated Signature of a member or authorized representative of a member **GIGNESH MOVALIA** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00