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B. BOSTICK

JUL - 9 2012

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person  Oxmoor Investment LLC  Firm/Company
2760 Williams Island Blud # PH2811 Address
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joseph Asous at (305) 4012347 ST Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution   \$30.00 Filing Fee & Solution   Soluti
MAILING ADDRESS:  Registration Section  Division of Corporations  Division of Corporations  Division of Corporations  Clifton Building  Tallahassee, FL 32314  Tallahassee, FL 32311  Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

<u> </u>	Investment LLC			
( <u>Name of the Limited</u> (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Li	iability Company were filed on	15/07 and a	ssigned	
Florida document number <u>L0700010</u>		/		
This amendment is submitted to amend the follow	owing:			
A. If amending name, enter the new name of	f the limited liability company here:			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Company," t	he designation "LLC" or the	e abbreviation	
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	T ADDRESS)	<u> </u>	<u> </u>	
	•			
Paten nonemalling address if analisables		855 F	का है	
Enter new mailing address, if applicable: <i>(Mailing address MAY BE A POST OFFICE )</i>	POW	- 1 Let	1547.	
maining unaress MAT BE A FOST OFFICE I		<u> </u>	<del>?</del>	
		U A	12	
B. If amending the registered agent and/oregistered agent and/or the new registered of		ecords, enter the name	of the new	
	•			
Name of New Registered Agent:	Angela riccinin	<u>ن</u>		
New Registered Office Address:	Angela Piccinin 200 Ocean Ln	Dr		
•	Enter Fl	orida street address		
	Key Kiscayne	, Florida <u>3314</u>		
	elly J	Zip Cod	de	
Vew Registered Agent's Signature, if changing P	edistored Adent.			

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 thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agen

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 **Type of Action** <u>Name</u> <u>Address</u> ☐ Add ☐ Remove ☐ Add Remove □ Add Remove \_\_\_Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) a member or authorized representative of a member ped or printed name of signee

Page 2 of 2

Filing Fee: \$25.00