# L07000 122631

(Reque	estor's Name)	)
(Addre	ss)	<del> </del>
, 120.0	20,	
(Addre	ss)	· · · · · · · · · · · · · · · · · · ·
(City/S	tate/Zip/Phor	ne #)
, ,	•	•
PICK-UP	☐ WAIT	MAIL
(Busine	ess Entity Na	me)
(Docur	nent Number	·)
(2004)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
Certified Copies	Certificate	es of Status
Special Instructions to Fili	on Officer	
Special Instructions to Fili	ng Officer.	
		!
		-

Office Use Only



500265947265

10/29/14--01003--004 \*\*25.00

14 OCT 29 PH 1: 29
SECRETARY OF STATE
TALLAHASSEE EN SIGNE

### **COVER LETTER**

	gistration Secti ision of Corpo			
SUBJECT:	OKS Wood	lland, LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	d Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please return	all correspond	ence concerning this matter	to the following:	
		Arthur J. Halleran, J.	г.	
			Name of Person	
		OKS Woodland, LLC		
			Firm/Company	
		1000 5th Street, Suit	te 223	
			Address	
		Miami Beach, Florida	a 33139	
			City/State and Zip Code	<del></del>
		arthur@queensfortca	·-	
		E-mail address: (i	to be used for future annual report notifica	tion)
For further in	nformation con	cerning this matter, please ca	all:	
Arthur Ha	alleran		305 424-4444	
	Name of P	erson		elephone Number
Enclosed is a	a check for the	following amount:		
■ \$25.00 F	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**

OKS Woodland, LLC			
(Name of the Lim	ted Liability Company as it now (A Florida Limited Liability Coπ	appears on our records.) ipany)	
The Articles of Organization for this Limited I	iability Company were filed	on 12/11/2007	and assigned
Florida document number L07000122631	*		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liability comp	any here:	
The new name must be distinguishable and end with the	words "Limited Liability Compar	ny," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		·
Principal office address MUST BE A STRE	ET ADDRESS)		
	<u></u>		Do
		,	4 0 <b>4</b> 0
Enter new mailing address, if applicable:			OCT AHA
Mailing address MAY BE A POST OFFICE			S2 29
			CS 2 / 17
	<del></del>		- VI
B. If amending the registered agent and registered agent and/or the new registered of		ess on our records, <u>er</u>	ter the pame of the ne
Name of New Registered Agent:	Arthur J. Halleran, Jl	R.	
New Registered Office Address:	1000 5th Street, Suit	te 223	
*	Er	nter Florida street address	
	Miami Beach	, Florid	a 33139
	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 helpeby confirm that the kimited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

lanager Authorized Member		
Name	<u>Address</u> <u>Type</u>	of Action
		.dd
		emove
		.dd
	□ R	emove
	TA CONT	
	ASSEL FLORIO	FARMIN S Stations
		id
	Re	move
		ld
	Ren	move
	Authorized Member	Name Address Type  Address Type

ve date, if other than the date of filing:	
ve date, if other than the date of filing:	
ve date, if other than the date of filing:	
ve date, if other than the date of filing:	
ve date, if other than the date of filing: (onti	
ve date, if other than the date of filing:(opticitive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days this document is filed by the Florida Department of State)	lional) s after
October 22, 2014.	
The Sutt	
Signature of a member or authorized representative of a member	
Thomas E. Scott	

Page 3 of 3

Filing Fee: \$25.00

14 OCT 29 PM 1: 29
SACRETARY OF STATE
TALLAHASSEE, FLORID