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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

APR 16 2010

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: The Oculus Consulting Group, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Macolini
Name of Person

Firm/Company

12307 SW 133rd Street, Suite 5210
Address

Miami, FL 33186
City/State and Zip Code

ctm@micww.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher T. Macolini at (786) 206-0213
Name of Person Area Code & Daytime Telephone Number

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 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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated April 12, 2010

Christopher T. Macolin

Signature of a member or authorized representative of a member

Christopher T. Macolin

Typed or printed name of signee