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SECRETARY OF STATE

ALLIANSSEED LAND.

S. HAWKES

JUN 1 1 2009

EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:	OIF Inves	stment Club, LLC.			
South	*******	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	oondence concerning this matte	r to the following:			
	Michael Wanek				
		Name of Person			
		Firm/Company			
7110 SW 158th CT Address					
		Miami, FL 33193			
		City/State and Zip Code			
	T mail address (	nwanek@comcast.net to be used for future annual report not	Seedien)		
For further information	concerning this matter, please	•	neanon		
M	ichael Wanek	at ( 305 )	726-7688		
Name	of Person	Area Code & Daytin	ne 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 enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COUR Registration Secti Division of Corpo	on		

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OIF Inve	<u>estment Club, LLC</u>	•	
(Name of the Limited Liability (A Florida	y Company as it now appea Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability ( Florida document number	Company were filed on	April 7, 2008	and assigned
This amendment is submitted to amend the following:		ALL ALL	09 7
A. If amending name, enter the new name of the lim	ited liability company he	<u>re</u> :	5 m
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable: (Máiling address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street addi	ress
***************************************		, 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

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

·MGR = Mana MGRM = Mar	ger naging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	JOSE A. DIAZ	12889 135TH ST. MIAMI, FL 33186	Add _☑ Remove
MGRM	PABLO SORNOZA	8093 NW 99TH ST HIALEAH GARDENS, FL 33016	Add ☑ Remove
MGRM	JOSEPHINE EBANKS	12435 SW 123rd. Ter. Miami, FL 33186-9007	Address Remove
MGRM	ANDREW EBANKS	12435 SW 123rd. Ter. Miami, FL 33186-9007	☐ Add ☐ Remove
MGRM_	SCOTT DENHAM	14359 Miramar Parkway #216 Miramar, FL 33027	Add Remove
D. If amendin	g any other information, enter change(s	here: (Attach additional sheets, if necessary.)	Add Remove
Dated	MIC	authorized representative of a member HAEL WANEK printed name of signee	

Page 2 of 2

Filing Fee: \$25.00