

W9 000013815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

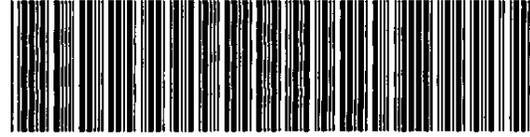
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500189051205

12/30/10--01020--008 **25.00

FILED
2010 DEC 30 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JAN - 3 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ox and Monkey, 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:

TrangAnh Thi Nguyen
Name of Person
Ox and Monkey, LLC
Firm/Company
5145 Mystic Point Court
Address
Orlando, Florida 32812
City/State and Zip Code
anne.nguyen73@yahoo.com
E-mail address: (to be used for future annual report notification)

FILED
2810 DEC 30 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FL 32310

For further information concerning this matter, please call:

Yuko Tesnow at (**407**) **580-2757**
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

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

Ox and Monkey, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/11/2009 and assigned Florida document number L09000013815.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

5145 Mystic Point Court
Orlando, Florida 32812

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

5145 Mystic Point Court
Orlando, Florida 32812

FILED
 2010 DEC 30 AM 11:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: TrangAnh Thi Nguyen

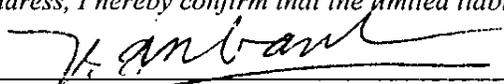
New Registered Office Address: 5145 Mystic Point Court

Enter Florida street address

Orlando, Florida 32812
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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

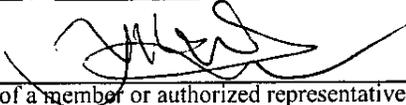
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Yuko Tesnow	1902 Tumblewater Blvd. Ocoee, Florida 34761	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 32399-0001
 904 488 2300
 904 488 2307

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 12/20, 2010



Signature of a member or authorized representative of a member

Yuko Tesnow

Typed or printed name of signee