

L10000027841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

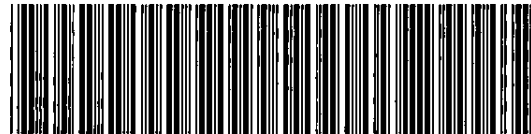
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200207984252

05/24/11--01019--001 \*\*25.00

FILED

11 MAY 24 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY 25 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OX CONSULTING SERVICES 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:

SUKHMINDER BAHAD  
Name of Person  
OX CONSULTING SERVICES LLC  
Firm/Company  
2520 CORAL WAY #2-355  
Address  
CORAL GABLES FL 33143  
City/State and Zip Code  
Shahed@it-advisor.us  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SIMON BAHAD at ( 215 ) 983 0499.  
Name of Person Area Code & Daytime Telephone Number

FILED  
11 MAY 24 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 CONSULTING SERVICES 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 MARCH 12, 2010 and assigned Florida document number 40000027841.

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)

2520 CORAL WAY  
SUITE 2-355  
CORAL GABLES FL 33143

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2520 CORAL WAY  
SUITE 2-355  
CORAL GABLES FL 33143

**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:

SIMON BAHAD

New Registered Office Address:

2520 CORAL WAY SUITE 2-355

Enter Florida street address

CORAL GABLES

Florida

33143

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

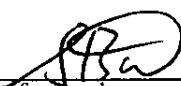
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SIMON BAHAD	8472 MILLER DRIVE MIAMI FL 33155	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SUKHMINDER SINGH BAHAD	2520 CORAL WAY SUITE 2-355 CORAL GABLES, FL, 33443	<input checked="" 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

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

FILED  
11 MAY 24 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated 11 MAY 2011

  
Signature of a member or authorized representative of a member

S. BAHAD  
Typed or printed name of signee