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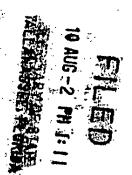
| (| Requestor's Name) |
|----------------------|-------------------------|
| | Address) |
| | Address) |
| (| City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| . (| Business Entity Name) |
| • | |
| | Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer: |
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Office Use Only



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D. BRUCE

EXAMINER

COVER LETTER

| TQ: Registration So Division of Cor | ection Porations | | | ^ | |
|--|--|---|---|----------------|----|
| SUBJECT: OSE I | SLANDS, LLC Name of Limi | ted Liability Company | | | |
| | , . | | ; | . , | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | ORNA GILAT | | | | |
| | Older GILAI | Name of Person | | | |
| | | | • ; | · | |
| | The second secon | Firm/Company | , , , , , , , , , , , , , , , , , , , | | |
| , | 3105 Langley [| | | | |
| • | | Address | | | |
| | Plano, Texas 750 | | | | |
| | | City/State and Zip Code | | | ٠ |
| | Ornagilat@gmail. | COM o be used for future annual report r | notification) | 2 5 | T. |
| For further information of | concerning this matter, please o | | , | a a a | |
| | | .05/ > 054 00/ | | N N | • |
| Dee Chopyak Name o | f Person | at (<u>954</u>) <u>351–88(</u> Area Code & Day | JU ytime Telephone Number | | • |
| | | | | | |
| Enclosed is a check for the | he following amount: | , | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclo | osed) Certified | te of Status & | |

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

| OSE ISLANDS, LLC | | |
|---|---|--|
| (<u>Name of the Limited Liabil</u> (A Florid | Ity Company as It now appears on our record a Limited Liability Company) | <u>ls.</u>) |
| The Articles of Organization for this Limited Liability | Company were filed on _7/19/2010 | and assigned |
| Florida document number <u>L10000075657</u> | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the li | mited liability company here: | |
| The new name must be distinguishable and end with the w"L.L.C." | vords "Limited Liability Company," the designa | tion "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | · | |
| (Principal office address MUST BE A STREET ADI | DRESS) | |
| | | |
| Enter new mailing address, if applicable: | | -2 |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | ************************************** | |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ad | istered office address on our records, <u>e</u> i <u>dress here</u> : | nter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida stre | et address |
| Taranta da Maria da M Maria da Maria da Ma | , Floric | The state of the s |
| • | 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> | Name | Address | Type of Action |
|---------------------------------------|------------------------------------|--|----------------|
| MGRM | Ester Gil | 15530 Hawker Lane Wellington, Fl. 33414 | XX Add Remove |
| · · · · · · · · · · · · · · · · · · · | | | D |
| | | | Add Remove |
| | · | | Add Remove |
| | • | | T D |
| | | | Add Remove |
| D. If am | ending any other information, ente | r change(s) here: (Attach additional sheets, if | necessary.) |
| | | | - S - 7 |
| | | | |
| Dated | July 29, 2010 | | |
| | - , | member or authorized representative of a member stered Agent and authorized representation of printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00