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(((H16000242707 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

E'rom:

Account Name : SIEGELAUB, ROSENBERG, COLDING & FELLER, P.A.

Account Number : Il9990000058 Phone : (954)753-2222

Fax Number : (954)753-1123

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## **LELLC AMND/RESTATE/CORRECT OR M/MG RESIGN** OXYGEN ASSOCIATION SERVICES, LLC

Certificate of Status Certified Copy 0

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9/29/2016

10-03-'16 13:42 FROM-

954-753-1123

## ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF

T-297	P0002/0004	F-196
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		TION SERVICES, LLC	records.)	
(Name of the Lin	(A Florida Limited	any as it now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited Plorida document number 1.11000002903	Liability Company	were filed on1/6/20	and assigned	
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	, ,		
Enter new principal offices address, if applicable:		1489 W. PALMETTO PARK ROAD, SUITE 505		
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	BOCA RATON, FL 33	486	
Enter new mailing address, if applicable:		1489 W. PALMETTO	PARK ROAD, SUITE 505	
Mailing address MAY BE A POST OFFICE BOX)		BOCA RATON, FL 33486		
3. If amending the registered agent and egistered agent and/or the new registered of			eccords, enter the name of the ne	
Name of New Registered Agent:		W		
New Registered Office Address:	1489 W. PALN	METTO PARK ROAD, SU	ITE 505	
The state of the s		Enter Florida stree	l address	
	BOCA RATO	4	, Florida <u>33486</u>	
		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 605, 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

Page 1 of 3

H160002427073

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each nerson being added or removed from our records:

MCR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	Karen Fhima Lippman	1489 W. Palmetto Park Rd, #505	□ bbA [□
		Boua Raton, FL 33486	□ Remove
MGRM	SGF Management Services, LLC	1489 W. Palmetto Park Rd, #505	
		BOCA RATON, FL 33486	pag ps
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record specifies a delayed e The 90th day after the recor		ot an effective time, at	: 12:01 a.m. o	n the earlier of:
october 3	2016			
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Si	gnature of a member or auti	norized representative of a men	iber	
	Steven Siegelau	b		
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Page 3 of 3

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