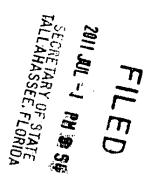
## L110000028499

(Requestor's Name)				
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PICK-UP WAIT MAIL				
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Office Use Only

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:	OSSI F	Resources LLC			
	Name of Lim	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:			
		John H Walbridge Jr.			
		Name of Person			
	(	OSSI Resources LLC		¥ !	2
		Firm/Company			Ξ -
		4731 Lake Rd		HAS	
		Address		<u> </u>	
		Miami, FL 33137		FLO	<b>49</b> C
		City/State and Zip Code	,	STATE	S)
	<u>j</u> w	albridge@ossiinc.com		<b>≱•</b> 3	CTE WE
For further information	concerning this matter, please	to be used for future annual report notifica	tion)		
l m do m	A L NA/- United at a line	40.4	07 4070		
	H Walbridge, Jr.	at ( 404 ) 30  Area Code & Daytime T	07-4072		
Marie		And code to buyinne i	eropriorie (varioe)		
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)	Certified	e of Status	
Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COURIER Registration Section Division of Corporati			

Division of Corporations 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

OSSI Resou (Name of the Limited Liability Compa- (A Florida Limited L	urces, LLC ny as it now appears on our r liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company Florida document numberL11000028499	were filed on03/08	3/2011 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
4770 Resou			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the de	esignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	4731 Lake Rd	anne)	
(Principal office address MUST BE A STREET ADDRESS)		SE SE	
	Miami, FL 33137	A# & T	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 370488 Miami, FL 33137	TARY OF STA	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ds, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u> itle</u>	<u>Name</u>	Address	Type of Action
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ated	1/9/2	Valley Y	
	Signature of a membe	or authorized epresentative of a member on H Walbridge Jr. If or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00