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EXAMINER



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TALLAHASSEE, FLORIDA

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Oceania Four, LLC

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
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- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

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COVER LETTER

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 JUN -7 PM 3:45

**TO: Registration Section
Division of Corporations**

SUBJECT: Oceania Four, 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:

Melvyn Trute, P.A.
Name of Person

Firm/Company

1090 Kane Concourse, Suite 202
Address

Bay Harbor Islands, FL 33154
City/State and Zip Code

meltru@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melvyn Trute at (305) 865-6736
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**

FILED STATE
SECRETARY OF CORPORATIONS
11 JUN -7 PM 3:45
DIVISION OF CORPORATIONS

OCEANIA FOUR, 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 22, 2011 and assigned Florida document number L11000034475.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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

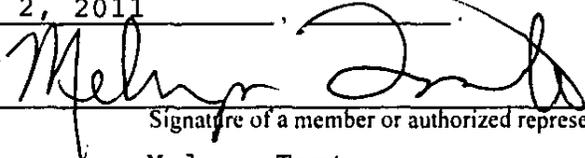
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|---------------|----------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <u>MGRM</u> | <u>Melvyn Trute</u> | <u>1090 Kane Concourse</u> <u>Suite 202</u> <u>Bay Harbor Islands, FL 33154</u> | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| <u>MGRM</u> | <u>ALEJANDRA CONTESSI</u> | <u>Arroyo 881</u> <u>3rd Floor, Apt. A</u> <u>1007 Buenos Aires, Argentina</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>Member</u> | <u>Evelina F. Contessi</u> | <u>Arroyo 881</u> <u>3rd Floor, Apt. A</u> <u>1007 Buenos Aires, Argentina</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>Member</u> | <u>Felisa G. Contessi</u> | <u>Arroyo 881</u> <u>3rd Floor, Apt. A</u> <u>1007 Buenos Aires, Argentina</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>Member</u> | <u>Domingo J. Contessi</u> | <u>Arroyo 881</u> <u>3rd Floor, Apt. A</u> <u>1007 Buenos Aires, Argentina</u> | <input checked="" 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.)*

Dated June 2, 2011



Signature of a member or authorized representative of a member
Melvyn Trute

Typed or printed name of signee