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(Re	equestor's Name)				
(Ac	idress)				
(Ac	idress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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MAY 24 2011

EXAMINER



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11 MAY 23 PH 1: 46
SECRETARY OF STATE
VALUE AND SEFF. FLORID.

COVER LETTER

Division of Co			¥
SUBJECT:			
		NAGEMENT, LLC ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
	V	VILLIAM E ERCER JR	
		Name of Person	
	OGH	HM MANAGEMENT, LLC	
		Firm/Company	
	999 PONCE	E DE LEON BLVD< SUITE 1	045
	-	Address	
	COF	RAL GABLES, FL 33134	
		City/State and Zip Code	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
		billsobe1@aol.com	
		to be used for future annual report notifica	ition)
For further information	concerning this matter, please of	call:	
W	illiam Mercer	at (305) 5	19-0218
Name	of Person	Area Code & Daytime	Felephone 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

	MANAGEMENT, LL			
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	May 20, 2011	and assi	gned
Florida document numberL11000059796	·			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the lir</u>	nited liability company he	ere:		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	pany," the designation "L	LC" or the ab	breviatio
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	PRESS)	·	. <u></u>	
				n-i ograda
Enter new mailing address, if applicable:			SE N	AZERTANA L TONOLUM
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>			
				gravany.
				The same of
B. If amending the registered agent and/or regi		our records, enter t	nernam © of	the nev
registered agent and/or the new registered office ad	<u>dress here</u> :			
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

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> Address **Type of Action** Add Remove ☐ Add Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Article VI shall be amended to the following: "The effective date for this Limited Liab, ty Company be: 5/20/2011" May 20 2011 Dated Signature of a member or authorized representative of a member William E Mercer, Jr. Typed or printed name of signee

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:

Page 2 of 2

Filing Fee: \$25.00