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SECRETARY OF STATE TALLAHASSEE, FLORID

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C. LEWIS
FEB - 7 2012
EXAMINER

COVER LETTER

Registration Section

TO:

Division of Co	orporations					
CHD IFCT.	ERLICH IN	VESTMENTS LLC				
SUBJECT:		ted Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	condence concerning this matter	to the following:				
		EYAL HALALI				
		Name of Person				
		Firm/Company	<u></u>			
		PO BOX 4174 Address				
	5007.14		000			
	FORT LA	UDERDALE, FLORIDA 33 City/State and Zip Code	338			
	FII	HALALI@GMAIL.COM				
	E-mail address: (to be used for future annual report noti	fication)			
For further information	concerning this matter, please of	call:				
	YAL HALALI of Person	at (954)	638-7034 ne Telephone Number			
Name	or reison	Alea Code & Dayini	ne receptione realities			
Enclosed is a check for	_					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	\$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/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2012 FEB -6 AM (#) 39

ERLI	CH INVES	TMENTS LLC	SE TAL	CHETARY UF STATE		
(Name of the Limited L (A I	iability Compa Iorida Limited I	ny as it now appears on liability Company)	our records.)	CRETARY OF STATE -AHASSEE, FLORIDA		
`						
The Articles of Organization for this Limited Lia	bility Company	were filed on Oct	ober 5, 2011	and assigned		
Florida document numberL110001141	33					
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liab	ility company here:				
	OSHU 2	LLC				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company,"	the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable:		1708 NE 20TH Ave, STE 5				
(Principal office address MUST BE A STREET ADDRESS)		FORT LAUDERDALE, FL 33305				
Enter new mailing address, if applicable:				<u></u>		
(Mailing address MAY BE A POST OFFICE BOX)		PO BOX 4174				
		FORT LAUDERDALE, FL 33338				
B. If amending the registered agent and/or			ecords, <u>enter ti</u>	he name of the new		
registered agent and/or the new registered offi	ce address ner	<u>e</u> :				
Name of New Registered Agent:	EYAL E HA	ALALI	- 100			
New Registered Office Address:	New Registered Office Address: 1708 NE 20TH AVE, STE 5					
	Enter Florida street address					
	FORT	LAUDERDALE	, Florida	33305		
		City		Zip Code		
New Registered Agent's Signature, if changing Re	gistered Agents					

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. pr, 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 **Title** <u>Name</u> **Type of Action Address** MGRM ORNA ERLICH ☐ Add 1708 NE 20TH AVE STE 5 FORT LAUDERDAL EL 33305 ✓ Remove JOSPH ERLICH MGRM 1708 NE 20TH AVE., STE 5 ☐ Add **EORT LAUDERDAL EL 33305** Remove MGRM OSHU INVETMENTS, LLC <u>1708 NE 20TH AVE .STE 5</u> √ Add FORT LAUDERDAL EL 33305 Remove ☐ Add Remove \Box Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **FEBRUARY 3TH** 2012 Dated Signature of a member or authorized representative of a member Halal:

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00