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COVER LETTER

TO:

Registration Section
Division of Corporations

eun mer.

Oakland Park Team Properties 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:

Ian Wilhelm

Name of Person

Oakland Park Team Properties LLC

Firm/Company

9365 W Sample Road Suite 202

Address

Coral Springs, FL 33065

City/State and Zip Code

jeffreyyork@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

lan Wilhelm

,,,954,203-3713

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

D\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

U\$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

Oakland Park Team Prope					
(Name of the Limited	Liability Compa	ny as it now appears on our iability Company)	records.)		
(A	. Florida Limited L	lability Company)			
The Articles of Organization for this Limited Li	iability Company	were filed on Florida	and ass	igned	
Florida document number L12000012270					
					
This amendment is submitted to amend the folk	owing:	•			
A. If amending name, enter the new name of	f the limited liab	ility compony horo-			
an amonding name, effect the flew flattice the	the innied hab	inty company nere.			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Company," the	designation "LLC" or the a	bbreviation	
Enter new principal offices address, if applicable:		9365 W. Sample Road Suite 202			
(Principal office address MUST BE A STREET ADDRESS)		Coral Springs, FL 33065			
			. •		
Enter new mailing address, if applicable:		9365 W. Sample Road Suite 202			
(Mailing address MAY BE A POST OFFICE BOX)		Coral Springs, FL 33065			
			<u> </u>	20	
B. If amending the registered agent and/o	n magistanad off	See address on an was	anda anton the name of		
registered agent and/or the new registered of	ir registeren un lice addrece bero	nce audress on our rece	-C (1	الا محت	
	1100 000 000	: '	(1) -1 2	C) HERMAN	
	la a 180lle alua		in-c N	3	
Name of New Registered Agent:	lan Wilhelm	 	mo a	- 177 7	
New Registered Office Address:	9365 W. Sample Road Suite 202			•	
The state of the s		Enter Flori	da street address Un	- Thomas P	
	Coral Spring		25.		
	City		, Florida 33065 Zip Code		
		City	zip coue		

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 emfirm 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 Type of Action <u>Title</u> Address Name. Jeffrey York 9365 W. Sample Road Suite 202 **MGRM** Coral Springs, FL 33065 Remove Remove Remove

t If amanding one ather informs	ntion, enter change(s) here: (Attach additional s	shoote if pagesons
it amending any other mioritiz	Heil, effer change(s) here. (Anach daumonars	meets, if necessary.)
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March 8	2013	
ed March O		
Ste	nature of a member or authorized representative of a	member
lan Wilhelm	, ,	
1411 1411101111	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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