

10/21/2014

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : WILLAIMS & MORRIS, P.A.
 Account Number : I20030000069
 Phone : (786)256-6615
 Fax Number : (888)836-5107

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: williamsmorrispa@hotmail.com

RECEIVED
 14 OCT 21 PM 12:00
 DIVISION OF CORPORATIONS
 BUREAU OF COMMERCIAL
 INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OK 2 INVESTMENT GROUP LLC

Certificate of Status	0
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OCT 22 2014

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

OK 2 INVESTMENT GROUP, 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 01/30/2012 and assigned
Florida document number L12000013671

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

City, Florida 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 605, 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

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JULIO OLENDER	15700 NE 14TH COURT	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
MGR	SAMAID, LLC.	5781 NW 151 STREET UNIT A	<input checked="" type="checkbox"/> Add
		MIAMI LAKES, FL 33014	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State).

Dated 10/21/2014



Signature of a member or authorized representative of a member

JULIO OLANDER

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
14 OCT 21 7 11 20
SECRET
TALLAHASSEE, FLORIDA

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