L12000023099

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12 MAY 22 AM 10: 98

N. GUMAGON MAY 2 3 2012

COVER LETTER,

TO: 'Registration S Division of Co	ection prporations		,		
SUBJECT:	OEDIV H	IOLDINGS, LLC			
Name of Limited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		JOHN S. BOHATCH			
		Name of Person			
GUTTENMACHER, BOHATCH & PENARANDA, P.A.					
	Firm/Company				
	7301 SW 57TH CT, SUITE 560				
		Address			
	SOUTH MIAMI, FL 33143				
	City/State and Zip Code				
	E-mail address: (to be used for future annual rep	ort notification)		
For further information	concerning this matter, please of	call:			
JOH	N S. BOHATCH	at (_305)	666-1040		
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 e	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Regis Divisi	LING ADDRESS: tration Section on of Corporations Box 6327	Registration	Corporations		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 12 MAY 22 AM 10: 38 SECRETARY OF STATE ALLAHASSEE, FLORIDA

OEDIV HOLDINGS, 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 Compar	ny were filed on FEBRUARY 16, 2012 and assigned	
Florida document numberL12000023099		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited light	ability company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	4045 Sheridan Avenue, #240	
(Principal office address MUST BE A STREET ADDRESS)	SS) Miami Beach, FL 33140	
Enter new mailing address, if applicable:	4045 Sheridan Avenue, #240	
(Mailing address MAY BE A POST OFFICE BOX)	Miami Beach, FL 33140	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the never</u> e:	
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 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:

\<u>.</u>

MGR =	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			□ Domovo
			Domovia
		•	T D amaya
D. If an	nending any other information, o	enter change(s) here: (Attach additional shee	ets, if necessary.)
			FILED 12 MAY 22 AH N SECRETARY OF S ALL[AHASSEE], FL
			AN D: 38
Dated	May 17	, 2012	
		of a member or authorized representative of a me	mber
	Jean Marie Echemeno	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00