4/2000029065

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			

Special Instructions to Filing Officer:

A. LUNT

JUN - 1 2011

EXAMINER

Office Use Only



000235557580

05/31/12--01009--002 **30.00

FALLAHASSEE, FLORID,

COVER LETTER

TO: Registration Section ' Division of Corporations		
SUBJECT: MM Ing, 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:		
Mercier Ingraham Name of Person M.M. Ing, LLC Firm/Company P.O. Box 82 Address Dania, FC 33004 City/State and Zip Code Merci 215 Dhotmail. Com E-mail address: (to be used for future annual report notification)	2012 MAY 31 PM 2 86 SEUTE ARY OF STATE TALLAHASSEE, FLORIDA	(services
For further information concerning this matter, please call:		
Mercier M. Ingraham at (754) 244-8568 Name of Person at (754) 244-8568 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified	te of Status &	1)

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

MM Ing, LLC		
(<u>Name of the Limited Liability</u> (A Florida	ty Company as it now appears on our re Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability of Florida document number <u>L1200002406</u>	Company were filed on Feb.29,	2012 and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the lin	nited liability company here:	
Oak Bay Harris 11C	-> (Oak Ba	y, LLC)
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the de-	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	- Add Harden
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ade		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	a 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.

'or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title Name Address Type of Action MGRM Mercier Ingraham

MGRM Stephen Ingraham

MGRM Mercier Ingraham Add ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

If aimending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00