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B. BOSTICK

OCT - 8 2012

EVAMINED

COVER LETTER

TO: Registration S Division of Co	ection rporations		
SUBJECT:	ВС	E VI, LLC	
		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
		James M. DuRant, Jr.	
		Name of Person	
	Воу	d, DuRant & Sliger, P.L.	
		Firm/Company	
	14	07 Piedmont Drive East	
		Address	
	Tal	lahassee, Florida 32308	72. 73
		City/State and Zip Code	
•	E-mail address: (JD@boydlaw.net to be used for future annual report r	notification)
For further information	concerning this matter, please o	call:	otification) PH 3: 32
	Alana Romig	at (_850_)	386-2171 S
Name	of Person	Area Code & Day	time Telephone Number
Enclosed is a check for	the following amount:		
X \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS: tration Section	STREET/COU Registration Se	JRIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability</u> (A Florida Li	OE VI, LLC Company as it now appears imited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on Se	eptember 21, 2012 and assigned
Florida document number — September 21, 2012— L120012086		
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limit	ed liability company here	:
	OEVI, LLC	
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Compar	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	- 100 1 100 1	<u> </u>
(Principal office address MUST BE A STREET ADDRI	ESS)	112.0
		130
Enter new mailing address, if applicable:		-5 f
(Mailing address MAY BE A POST OFFICE BOX)		- - ω - ω - ω - ω
B. If amending the registered agent and/or registered agent and/or the new registered office address.		ur records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Ent	er 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

	•		Add Remove Add Remove Add Remove Remove
	•		Remove Add Remove
			Remove Add Remove
			Remove
			Add Remove
			Add Remove
			Add ∏Remove
). If amending a	ny other information, enter change	(s) here: (Attach additional sheets, if necessary.)	12 OCT -5
	·	C.	PH 3: 32
			
Dated	October 4 , 201	12	
	Signature of a member of	or authorized representative of a member	

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Filing Fee: \$25.00