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SECRETARY OF STATE

B. BOSTICK APR 9 2013

EXAMINER

COVER LETTER

SUBJECT: OVE		MANAGEMENT L ted Liability Company	LC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MICHEUE	Toyou Name of Person	· · ·
	<u>OVERSEAS</u>	ASSET MANAGEMA	new the
	15751 SHERI	Address Sur	7E# H44
	FORT LAW ER	ALE FLORINA 3 City/State and Zip Code	3333/
	<u>Michellej od</u> E-mail addross: U	Jenxa vahoo · com o be used for futere annual report notificati	ion)
For further information of	concerning this matter, please ca	all:	201 SE TAL
MICHEUE C	ByEu/	at (786) 274 – 66 Area Code & Daytime Te	SECRETARY OF PLEASEE, J
Enclosed is a check for the	he following amount:		PK 3:1
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Son Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

OVERBEAS ASSET	MANAGEMENT	LLC
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compan	ny were filed on	2013 and assigned
Florida document number <u>L/3DDDDD879D</u> .	<i>''</i>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
N/A		
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		TA 21
		SECRE API
Enter new mailing address, if applicable:	N/A	PR -8
(Mailing address MAY BE A POST OFFICE BOX)		
		بن المحادث
		05 RDA RDA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		, enter the name of the new
Name of New Registered Agent:	~/A	
New Registered Office Address:	Enter Florida s	treet address
	, Fl	orida
	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

MGRM = Managing Member Title Name Address **Type of Action** mar GULDAR INTERNATIONAL LAC 15751 SHER WAN STREET \$ 444 TRemove FORT LAW SR ALE, FLOR WA 3331 GUIDAR INTERNATIONAL LID 15751 SHERIJAN STREET & 444 Remove Remove Add Remove Remove

. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
_	
-	1001 274
ted	APRIL 3rd, 2013.
	Signature of a member or authorized representative of a member
	MICHEUE JOYENX
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

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FILED