

L13000008790

(Requestor's Name)

(Address)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 20 2013

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OVERSEAS ASSET MANAGEMENT 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:

MICHELLE JOYENX  
Name of Person  
ASSET  
OVERSEAS MANAGEMENT LLC  
Firm/Company  
108 AMBERSWEEET WAY # 182  
Address  
DAVENPORT, FLORIDA 33897  
City/State and Zip Code  
michellejoyenx@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELLE JOYENX at (407) 255-4570  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

OVERSEAS ASSET MANAGEMENT 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 01/11/2013 and assigned  
Florida document number L13000008790.

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2013 AUG 19 PM 4:55  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DALLAS  
STATE OF TEXAS

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)

108 AMBERSWEEET WAY  
SUITE # 182  
DAVENPORT, FLORIDA 33897

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

108 AMBERSWEEET WAY  
SUITE # 182  
DAVENPORT, FLORIDA 33897

**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

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	MICHELLE COYEN	15751 SHERIDAN STREET	<input type="checkbox"/> Add
		# 444	<input checked="" type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33331	
MGRM	TRI COUNTY CONCORGE LLC	15751 SHERIDAN STREET	<input type="checkbox"/> Add
		# 444	<input checked="" type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33331	
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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2018 AUG 19 PM 2:53  
STATE OF FLORIDA  
TALLAHASSEE

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

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Dated August 8<sup>th</sup> 2013

Signature of a member or authorized representative of a member

MICHELLE Dyer  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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