Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000104322 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : 120000000205 : (305)416-6800 Phone

Fax Number : (305)416-6811

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGNS OKAVANGO HOLDINGS US LLC

Certificate of Status	.^	0
Certified Copy		0
Page Count		01
Estimated Charge		\$25.0 0

Y SULKER

Electronic Filing Menu

Corporate Filing Menu

ar ik

APR 04 TOPE

04/02/2018 17:02

3054166811

ADAMS GALLINAR PA

PAGE 02/05 (((H18000104322 3)))

COVER LETTER

TO:	Registration Se Division of Co		<u>(5.</u>	
SUBJ	Okavango	Holdings US LLC	•	
30D¢,	EC1	Name of Lim	ited Liability Company	
			4 Pag.	
			1 145 7 15 15 15 15 15 15 15 15 15 15 15 15 15	
The er	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Diane M. Hernandez		
			Name of Person	<u>,,</u>
		Adams Gallinar, P.A.		
			Firm/Company	
		1000 Brickell Avenue, Sui	te 300	
			Address	
		Miami, Florida 33131		
			City/State and Zip Code	
		dhernandez@agilaw.com		
		E-mail address: (to be used for future annual report	notification)
For fu	other information of	concerning this matter, please ca	all:	
Diane	M. Hernandez		305 .416-680 at ()	0 .
	Name	of Person	Area Codc Da	ytime Telephone Number
Englas	and in a about for t	he following amount:		
Efficios	sed is a check for t	ne tottowing amount:		
□ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

4.

3054166811

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OKAVANGO HOLDINGS US LLC	I fability Company as It has a superior or any manage	da
(Annue of the Little	l Liability Company as it now appears on our recor A Florida Limited Liability Company)	<u>us.</u>)
The Articles of Organization for this Limited Lial	bility Company were filed on March 22, 2013	and assigned
Florida document number L13000042986	· An	
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Lizbility Company," the designation "LLt	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	76	
(Principal office address MUST BE A STREET	'ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	19
B. If amending the registered agent and/or registered agent and/or the new registered offi		
		(many)
Name of New Registered Agent:		
New Registered Office Address:	15.	
	Enter Florida street addre B	255
	•••	lorida
	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 605, 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

Page 1 of 3

(((H18000104322 3)))

(((H18000104322 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
D	Okavango Holdings Ltd.	2831 N. Ocean Blvd.	
		Unit 508	■ Remove
		Fort Lauderdale, FL 33308	☐ Change
MGR	Elisa Castro	2831 N. Ocean Blvd.	= Add
		Unit 508	□ Remove
		Fort Lauderdale, FL 33308	□ Change
		· · · · · · · · · · · · · · · · · · ·	Add
		12	☐ Remove
			Change
		<u> </u>	Add.
			Remove
			□ Change
			Are
			□ Rетюνс
		en e	Change
			□ Add
			□ Remove
			☐ Change

04/02/2019 17:02 3054166811

ADAMŚ GALLINAR PA

PAGE 05/05

		s, if necessary.)	
	** - *** *** *** *** *** *** *** *** **		
	9	The same of the sa	
****		Graff Co	
		A A A A A A A A A A A A A A A A A A A	
· · · · · · · · · · · · · · · · · · ·			· ; ·"
			e e e e e e e e e e e e e e e e e e e
		_46512	٠ •
		3 9 ·	
If the date inserted in this block doe	cific and cannot be prior to date of filing or more than 90 as not meet the applicable statutory filing requirem	(optional) days after filing.) Pursuant to 605	5.02(ed a
iment's effective date on the Departme	ent of State's records.		
record specifies a delayed effec The 90th day after the record is	ctive date, but not an effective time, at a filed.	12:01 a.m. on the earlie	er o
ded April 2	2018 2018		
	1 Waster	er	
Signatu	ire of a member or authorized representative of a member	V 1	

Page 3 of 3

Filing Fee: \$25.00

्राप्ता स्टब्स् क्ष्यू स्टब्स् क्ष्यू