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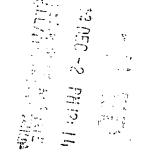
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## **COVER LETTER**

TO: "Registration Section Division of Corporations
SUBJECT: Oakley Consulting Services UC 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:
Adam Oakley Name of Person
Firm/Company
5519 110th Ave N. #1102
City/State and Zip Code  Cakley Consulting Securices @ Gmail. com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Adam Oakley at (941) 268 3068  Name of Person Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L (A F	iability Compan Iorida Limited Li	y as it now appea ability Company)	ars on our records.)	
The Articles of Organization for this Limited Liab		were filed on	<u> 18-09-20</u>	ond assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	he limited liabil	ity company he	<u>ere</u> :	
The new name must be distinguishable and end with to "L.L.C."	the words "Limite	ed Liability Comp	any," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicah (Principal office address MUST BE A STREET)		5519 Pinella	S Park, FL	# i 192 33782
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>	5519 11 Pinellas	oth Ave N. S. Pack, FL	# <i>i 10</i> 2 33782
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	e address here	:	_	* (194)
New Registered Office Address:	5519 1	10th Ave	N. # 102 nter Florida street ad	idress 33782 Zip Code
	Pinellas	Park City	, Florida <u>-</u>	337'82 Zip Code
New Registered Agent's Signature, if changing Re		•	•	

If Changing Registered Agent, Signature of New 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 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 = Mana MGRM = Mar	ger naging Member		
<u>Title</u>	<u>Name</u>	Address <u>T</u>	ype of Action
MGR	Adam 13 Oakley	5519 110th Are N. #1102	Add
* updat	ing address only	5519 110th Ave N. #1102 Pinellas Park, FL 33782	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
		*!t	Remove
***			Add
			Remove

	M. has action and
ed .	November 25th, 2013.
ed .	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00