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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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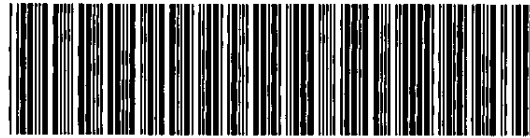
(Business Entity Name)

(Document Number)

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14 JUN 30 AM 10:43
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Original Piece II 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:

Tamara D. Oakley

Name of Person

Original Piece II LLC

Firm/Company

3948 3rd Street South

Address

Jacksonville Beach, Florida 32250

City/State and Zip Code

originalpieceapparel@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

D. Kent Sausaman

Name of Person

904 448-1969

at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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,
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

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

Original Piece II 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 September 19, 2013 and assigned
Florida document number L13000132989

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Original Piece Avenues, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

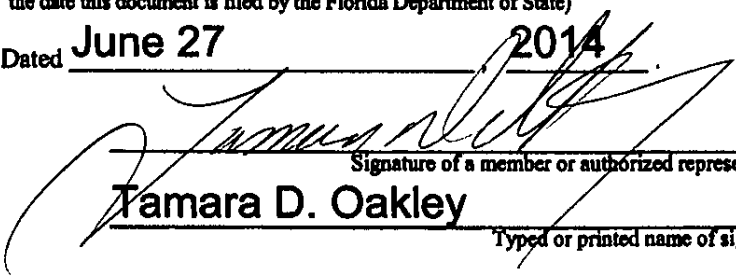
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Tamara D. Oakley	454 Royal Tern Road South	<input checked="" type="checkbox"/> Add
		Jacksonville Beach, Florida 32250	<input type="checkbox"/> Remove
MGRM	John Clifford Oakley	113 Yellow Bill Lane	<input type="checkbox"/> Add
		Ponte Vedra, Florida 32250	<input checked="" type="checkbox"/> Remove
MGRM	Nina-Nicole J Oakley-Doran	454 Royal Tern Road South	<input type="checkbox"/> Add
		Jacksonville Beach, Florida 32250	<input checked="" type="checkbox"/> Remove
MGRM	Carly-Rae O Oakley-Doran	454 Royal Tern Road South	<input type="checkbox"/> Add
		Jacksonville Beach, Florida 32250	<input checked="" type="checkbox"/> Remove
MGRM	Tamara D. Oakley	454 Royal Tern Road South	<input type="checkbox"/> Add
		Jacksonville Beach, Florida 32250	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: June 30, 2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 27 2014



Signature of a member or authorized representative of a member

Tamara D. Oakley

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA
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2014