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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.

(((H19000090480 3)))



H190000904803ABC+

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number :

: (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 Phone : (407)898-1757 Fax Number : (407)897-5336

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

Email Address: INFO @ ABK CORP. COM

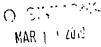
## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OLD OAK PROPERTIES LLC

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## H 19000000 4803 COVER LETTER

Div	ision of Cor	porations		
SUBTRAT		PROPERTIES LLC		
SUBJECT:		Name of Lim	nited Liability Company	
The enclosed	Articles of	Amendment and fec(s) are sub	unitted for filing.	
		ndence concerning this matter		
	•	LAILLA INOCENCIO	, and the second	
		<del></del>	Name of Person	•
		ABK CORP		
			Firm/Сотралу	
		5301 CONROY RD STE 1		
		ORLANDO, FL 32811	Address	<del>-</del>
		OKEANDO, 12 J2311		
•		CUST <b>O</b> MER@ABKCORP	City/State and Zip Code .COM	
		E-mail address: (	to be used for future annual report n	otification)
For further in	formation co	oncerning this matter, please ca	nll:	
LAILLA IN	OCENCIO		407 898-1757 at ( )	
	Name of	Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F		-	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		NG ADDRESS:	STREET/COUR	RIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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## HNGOOOO GOUSO 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	nited Liability Company as it now as (A Florida Limited Liability Compa	ppears on our records.)
	(A riorida Limited Liability Compt	ınyı
The Articles of Organization for this Limited	Liability Company were filed or	n 08/28/2014 and assigned
Florida document number L14000135602	·	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability compan	y here:
		<b>五点 5</b>
The new name must be distinguishable and contain the	words "Limited Liability Company,"	
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	∞ <u>m</u>
Enter new mailing address, if applicable:	,	<b>0 4.9</b>
Mailing address MAY BE A POST OFFICE	<u> </u>	
N 16	4/	
s. It amending the registered agent an registered agent and/or the new registered		on our records, enter the name of the
Name of New Registered Agent:	ACCOUNT BOOKKEEPING	CORP
New Registered Office Address:	5301 CONROY RD STE 140	
Every Every Court of the Court	Enter	Florida street address
	ORLANDO	, Florida 32811

## 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

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H19000094803
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> COXCOMB DEVELOPMENTS	Address TRIDENT CHAMBERS,	Type of Action
MGR	LIMITED		D Add
		WICKHAMS CAY I TORTOLA, VIRGIN ISLANDS	■ Remove
			Change
MGRM	SANDRA HELENA QUAGGIO B PAULUCCI	RUA ALFREDO FONTAO 540	Add
		BAURU, SAO PAULO SP BRAZIL 17017-240	☐ Remove
			Change
MGMR	GINO PAULUCCI JUNIOR	RUA ALFREDO FONTAO 540	<b>.</b>
		BAURU, SAO PAULO SP BRAZIL 17017-240	Add  Remove
			S CERSE III
			Ren <b>to</b> e
			□ Change
			DAdd
			□ Remove
			Change
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			Remove
			☐ Change

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D. If an	mending any other in	formation, enter cha	nge(s) here: (Attach addit	ional sheets, if necessary.)
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r) race				7 d 10
E. Effec	ctive date, if other the effective date is listed, the d	an the date of filling: are must be specific and ca	unot be prior to date of filing or in	(optional) core than 90 days after filing.) Pursuant to 605.0207
	If the date inserted in ment's effective date or			g requirements, this date will not be listed as
	ecord specifies a de se 90th day after th		e, but not an effective t	time, at 12:01 a.m. on the earlier of
Date	d MARCH 13	-	2019	
		<del></del>	11	
-		Signature of a me	poer or authorized representative	of a member

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Filing Fee: \$25.00