

L14000 167964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

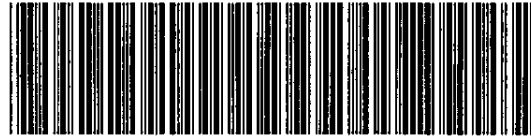
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. G. Rivers FEB 2 2 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2015

MICHEL CHATEAU
12555 BISCAYNE BLVD SUITE 702
MIAMI, FL 33181

SUBJECT: OFC GROUP LLC DBA ALLIED MANAGEMENT GROUP LLC
Ref. Number: L14000167964

We have received your document for OFC GROUP LLC DBA ALLIED MANAGEMENT GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 615A00002275

COVER LETTER

TO: Registration Section
• Division of Corporations

SUBJECT: O.F.C GROUP 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:

MICHEL CHATEAU
Name of Person
OFC GROUP LLC
Firm/Company
12555 BISCAYNE BLVD, UNIT 702
Address
MIAMI, FLORIDA 33181
City/State and Zip Code
MC_OFCE_YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHEL CHATEAU at (813) 784-1964
Name of Person 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

**TO
ARTICLES OF ORGANIZATION
OF**

O. F. C GROUP 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 10/28/2014 and assigned Florida document number L14 000167964.

This amendment is submitted to amend the following:

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

ALLIED MANAGEMENT GROUP 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.

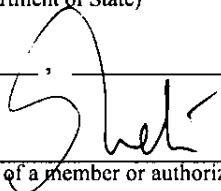
If Changing Registered Agent, Signature of New Registered Agent

E. Effective date, if other than the date of filing: _____ (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

02/05/2015



Signature of a member or authorized representative of a member

MICHEL M CHATEAU

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA