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.

(((H14000276766 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FOWLER WHITE BURNETT P.A.

Account Number : 0712500015)2

Phone Fax Number ; (305)789-9200 : (786) 437-4609

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

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December 2, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THE OIA GROUP LLC 1395 BRICKELL AVENUE, 14TH FLOOR MIAMI, FL 33131

SUBJECT: THE OIA GROUP LLC REF: L14000168227

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

Please return 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.

Tammy Hampton Regulatory Specialist III FAX Aud. #: B14000276766 Letter Number: 014A00025251

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14 DEC -2 AHII: 59

Audit No. H14000276768 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The OIA Group LLC			
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Lability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000168227</u>	were filed on 10/28/2014 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	llity company here:		
The new name must be distinguishable and end with the words "Limited Linb	ility Compuny," the designation "LLC" or the abbreviation L.L.	_	
Enter new principal offices address, if applicable:	1085 NW 164 Avenue	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)	Pembroke Pines, Florida 33028		
		- - 1 ₂ -	
Enter new mailing address, if applicable:	1: 59	<u>.</u>	
(Mailing address MAY BE A POST OFFICE BOX)		_	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		new	
New Registered Office Address:			
New Registered Onice Address.	Enter Florida street address		
	, Florida		
New Registered Agent's Signature, If changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dulies, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		
If Chas	iging Registered Agent, Signature of New Registered Agent		
Page 1	l of 3		

Audit No. H14000276766 3

Audit No. H14000276766 3

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

MGR = Manager AMBR ≈ Authorized Member

Title	Name	Address	Type of Action
MGR	Orlando I. Aguilera	1085 NW 164 Avenue	■ ∧dd
		Pembroke Pines, FL 33028	□ Remove
			Remove
			□ Remove
			Remove
			SECRETARY OF CONVISION OF CONVI
			OF STATE
			Add
			□ Remove

Page 3 of 3

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

14 DFC -2 AM | |: 59

2005/005

Yamilet Aguilera