## L150001/2589

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SECRETARY OF STATE
SECRETARY OF STATE

K. SALY MAY - 8 2018

## **COVER LETTER**

Division of Co			
OEOE GE	ROUP LLC		
	Name of Lim	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	OR AHARON		
		Name of Person	·
	OEOE GROUP LLC		
		Firm/Company	<del></del>
	9102 LAKE PARK CIRCI	LE SOUTH	
	-	Address	
	DAVIE, FL 33328		
		City/State and Zip Code	
	OZAHARON@HOTMAIL  E-mail address: (	.COM to be used for future annual report notif	ication)
For further information	concerning this matter, please c		
Or A	Haron of Person	at ( 1 ) 6/5 73  Area Code Daytime	38 G45 Z Telephone Number
Tune	or reison	Area Code Daytine	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**

18 MAY -3 PM 3: 45

**OEOE GROUP LLC** 

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbility Company. The designation "LLC" or the abbility C	and assigned	
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbetter 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)  DAVIE FL 33328  DAVIE FL 33328		
The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbundary and the 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)  9102 LAKE PARK CIRCLE SOUTH  DAVIE FL 33328  9102 LAKE PARK CIRCLE SOUTH  DAVIE FL 33328		
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)  9102 LAKE PARK CIRCLE SOUTH  DAVIE FL 33328  9102 LAKE PARK CIRCLE SOUTH  DAVIE FL 33328		
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  DAVIE FL 33328  9102 LAKE PARK CIRCLE SOUTH  DAVIE FL 33328	oreviation "L.L.C."	
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  DAVIE FL 33328  9102 LAKE PARK CIRCLE SOUTH DAVIE FL 33328		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  DAVIE FL 33328		
(Mailing address MAY BE A POST OFFICE BOX)  DAVIE FL 33328		
(Mailing address MAY BE A POST OFFICE BOX)  DAVIE FL 33328		
B. If amending the registered agent and/or registered office address on our records enter t		
B. If amending the registered agent and/or registered office address on our records enter t		
registered agent and/or the new registered office address here:	the name of the n	
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida street address		
, Florida	Zip Code	
City  New Registered Agent's Signature, if changing Registered Agent:	Zip Code	

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 Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	OR AHARON	5060 SW 76TH AVE	
		DAVIE FL 33328	Remove
		· · · · · · · · · · · · · · · · · · ·	Change
AMBR OR AHARON	OR AHARON	5060 SW 76TH AVE	<b>_</b> ■ Add
		DAVIE FL 33328	Remove
			Change
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ective date, if other than the date of fil	ling: (optional)
effective date is listed, the date must be specific	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 of meet the applicable statutory filing requirements, this date will not be listed
ument's effective date on the Department of	
record specifies a delayed effective he 90th day after the record is file	e date, but not an effective time, at 12:01 a.m. on the earlier ed.
ed 5/2/18	
/ /	

Page 3 of 3

Filing Fee: \$25.00