LIGOCOIULISE

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M. MILLIGAN EXAMINER

SEP - 6

2011 SEP -6 PM 3: 22

COVER LETTER

	Registration Division of	a Section Corporations		
SUBJEC	OZCOI	RP MANAGEMENT SERVICES LLC		
SUBJEC		Name of Limited Liability Company		
The encle	osed Articles	of Amendment and fee(s) are submitted for filing.		
Please re	turn all corre	spondence concerning this matter to the following:		
		DAN P. HELLER, ESQ.		
Name of Person				
HELLER WALDMAN, P.L.				
Firm/Company				
2701 PONCE DE LEON BOULEVARD, SUITE 301				
Address				
		CORAL GABLES, FLORIDA 33134		
City/State and Zip Code				
DHELLER@HELLERWALDMAN.COM				
		E-mail address: (to be used for future annual report notification)		
For furth	er informatio	n concerning this matter, please call:		
DAN P.	HELLER	305 777-3765 at ()		
	Nar	ne of Person Area Code Daytime Telephone Number	-	
Enclosed	is a check for	or the following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fe Certificate of Status	tatus &	

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



OZCORP MANAGEMENT SERVICES LLC

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

•	y were filed on July 29, 2016	and assigned
Florida document number L1600014273B		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	document number L1600014273B mendment is submitted to amend the following: mending name, enter the new name of the limited liability company here: name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." new principal offices address, if applicable: pal office address MUST BE A STREET ADDRESS) new mailing address, if applicable: agaddress MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new red agent and/or the new registered office address here: Name of New Registered Agent:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
P If amonding the registered agent and/on registered	office address on our records sector th	
registered agent and/or the new registered office address he		e name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	****
	, Florida	
	City	Zip Code
N D to I at Ct of the Control of the		

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MERRILL TAUB	899 NW 37th AVENUE	Add
		MIAMI, FLORIDA 33125	■ Remove
			Change
MGR	BRIAN SOCOLOW	899 NW 37th AVENUE	
		MIAMI, FLORIDA 33125	Remove
			Change
MGR	MARTIN OSMAN	7405 SW 134th STREET	Add
		PINECREST, FLORIDA 33156	Remove
			□ Change
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	late must be specific ar	nd cannot be prior to d	ate of filing or more than	90 days after filir	ng.) Pursuant to	505.020
n effective date is listed, the d			statutory filing requi	rements, this da	te will not be l	isted as
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te: If the date inserted in	•					
te: If the date inserted in cument's effective date or record specifies a de	elayed effective	date, but not a	n effective time, a	at 12:01 a.m	. on the ea	rlier o
te: If the date inserted in cument's effective date or record specifies a de the 90th day after the AUGUST 29	elayed effective	date, but not a	n effective time, a	at 12:01 a.m		rlier o
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te: If the date inserted in cument's effective date or record specifies a de the 90th day after the AUGUST 29	elayed effective ne record is filed	date, but not and	n effective time, a		2018 S	#ID-Co

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Filing Fee: \$25.00