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COVER LETTER

Division of Co	rporations		
OAKLAN SUBJECT:	D MANAGEMENT & CONSU	LTING GROUP, LLC	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for tiling.	
Please return all corresp	ondence concerning this matter	to the following:	
	SERGE DAZILE		
	OAKLAND MANAGEME	Name of Person ENT & CONSULTING GROUP, L	.LC
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	2350 WEST OAKLAND P	PARK BLVD - SUITE 900	
		Address	
	OAKLAND PARK, FL 33	311	
	GFAGROUP7@GMAIL.CO	City/State and Zip Code OM	
	E-mail address: (1	to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	ıll:	
SERGE DAZILE		754 234-2101 at () Area Code Daytim	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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)

TO:

Registration Section

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

OAKLAND MANAGEMENT & CONSULTING 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 $\frac{11/26/2018}{2}$ and assigned Florida document number 4.18000272497 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 abbreviation "LLC." 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 City 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 comple with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fantiar 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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	Address	Type of Action
MGR	JEAN, MACIUS	2350 WEST OAKLAND PARK BLVD #900	
		OAKLAND PARK, FL 33319	
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			Change
			□ Remove
			Change
			Remove
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Effective date, if other than	the data of fili	ing.		,	(optional)	
(If an effective date is listed, the dat Note: If the date inserted in the document's effective date on the document of the document of the date in the document of the date o	e must be specific a nis błock does not	ind cannot be pri- t meet the appl	icable statutory	or more than 90 day	s after filing.) Purs	
the record specifies a dela) The 90th day after the			ot an effecti	ve time, at 12:	01 a.m. on t	he earlier o
Dated DEC 4		2018	·			
			3			

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee