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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	OK 1015, LI	_C		
sobject.		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		ISABEL CALVACHE		
		,	Name of Person	
		OK1015, LLC		
		-	Firm/Company	
		3565 NW 96 ST		
			Address	
		MIAMI FL 33147		
		ISA.CALVACHE20@GM/	City/State and Zip Code	
		-	to be used for future annual report notifi	ication)
For further in	nformation co	oncerning this matter, please ca		·
ISABEL CA	ALVACHE		786 630-3471	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 F	Piling 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

TO:

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

OK1015, 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 09-04-2019 Florida document number L19000072903 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." 3565 NW 96 ST Enter new principal offices address, if applicable: MIAMI FL 33147 (Principal office address MUST BE A STREET ADDRESS) 3565 NW 96 ST Enter new mailing address, if applicable: MIAMI FL 33147 (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 ne registered agent and/or the new registered office address here: ISABEL CALVACHE Name of New Registered Agent: 3565 NW 96 ST New Registered Office Address: Enter Florida street address MIAMI

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.

City

f 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	KARINA OLIVIER	1015 W 47 STREET	□ Add
		MIAMI BEACH, FL 33140	U Adu
			Remove
		 	
MGR	ISABEL CALVACHE	3565 NW 96 ST	
		MIAMI FLORIDA 33147	Add
			Remove
			□ Change
			Remove
			Change
			Add
			□ Remove
			□ Change
			
			□ Remove
			☐ Change
			
			□ Remove
			Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
(If an effect Note: If	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated SI	EPTEMBER 4TH 2019 / (
	- / with
	Signature of a member or authorized representative of a member
	ISABEL CALVACHE
	Typed or printed name of signee

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Filing Fee: \$25.00