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(Requestor's Name)
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COVER LETTER

TO: Registration Sect Division of Corpo		٠	
SUBJECT:	Oakland S	532, LLC:	
		ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Ho	racio sosa	
		Name of Person	
	HOR	acio Sosa P.A.	
		Firm/Company	
	2924	Davie Rd. 51e	. 102
		Address	
	DONIE	City/State and Zip Code	
•			
	h5050	to be used for future annual report notificati	$\frac{\infty}{2}$
		•	on)
For further information cor	ncerning this matter, please co	all:	
HOTACIO	50SA	at(954) 532	
Name of F	Person	Area Code Daytime Tel	ephone Number
Pulling the Lord	£ 11		
Enclosed is a check for the	_		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Section		Registration Section Division of Corporation	
Division of Corporations P.O. Box 6327		The Centre of Talla	
Tallahassee, FI	_ 32314	2415 N. Monroe St Tallahassee, FL 32.	•

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida I.	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co.	mpany were filed on $04/20/2000$ and assigned 30
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
Oakland 539, LLC	ed Liability Company," the designation "Ll.C" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limite	
Enter new principal offices address, if applicable:	(N/A)
Principal office address MUST BE A STREET ADDRE	•
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	(N/A)
agent and/or the new registered office address here:	office address on our records, enter the name of the new registere
Name of New Registered Agent:	(N/A)
New Registered Office Address:	(NIA) Enter Florida street address
	El « L
	, Florida
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and con accept the obligations of my position as registered ago	nd agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is I office address, I hereby confirm that the limited liability
	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 = ManagerAMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		
			□ Remove
			□ Change
			□Add
			□Remove
		.	□Change
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effective date te: If the dat	, if other than the e is listed, the date must te inserted in this blo ective date on the De	t be specific and car ock does not mee	t the applicable s			filing.) Pursuant to 6	
cord specific s filed.	es a delayed effective	e date, but not an	effective time, a	t 12:01 a.m. on the	e earlier of: (b)	The 90th day at	fter the
ed <u></u>	lay 7		1021				
		1/1/1/2	1				
		1 1/ 1/ 4	-				
	/	Signature of a mer	nber or authorized	representative of a r	nember		