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COVER LETTER

TO: Registration Section **Division of Corporations**

GHAZVINI TITLE LLC

SUBJECT:				
	Name of Lim	ited Liability Company		21
)23 J
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		Ž
Please return all correspo	ndence concerning this matter	to the following:		- <i>O</i>
	KRISTIN MATTHEWS			2023 JUN 8 AHII: 3
		Name of Person		- · <u></u>
	THE BARTOS GROUP, L.	LC		
		Firm/Company		_
	5505 TOURAINE DR.			
		Address	.	-
	TALLAHASSEE, FL 3230	8		
		City/State and Zip Code		_
	E-mail address: (to be used for future annual report not	ification)	
For further information co	oncerning this matter, please ca	all:		
KRISTIN MATTHEWS		850 597-3900		
Name of	f Person	Area Code Daytin	ne Telephone Numbe	cr
Enclosed is a check for th	ne following amount:			
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55,00 Filing Fee &	□ \$60.00 H	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certifie	ate of Status & d Copy al copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GHAZVINI TITLE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PREMIER OXFORD FUND LIMITED PARTNER 2, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 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	BEHZAD GHAZVINI	4708 CAPITAL CIRCLE NW	
			■Add
		TALLAHASSEE, FL 32303	
			□Remove
			□Change
			□Add
			Remove
			☐ Change
	-		Elemove.
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			□Change

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e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 d 'the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	_ (optional) lays after filing.) Pursuant to 605.0 ents, this date will not be listed
specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied.	er of: (b) The 90th day after t
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Filing Fee: \$25.00