L21000402138

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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

PREMIER OXFORD FUND LIMITED PARTNER 2, LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Kristin Matthews Name of Person Firm/Company 1309 Thomasville Road Suite 206 Address Tallahassee, FL 32303 City/State and Zip Code kristin@tbg-llc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kristin Matthews Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

PREMIER OXFORD FUND LIMITED PARTNER 2, LLC

PREMIER OXFORD FUND LIMITED PARTNER 2, (Name of the Limited Liability Compa (A Florida Limited L The Articles of Organization for this Limited Liability Company Florida document number L21000402638 This amendment is submitted to amend the following:	ny as it now appears on our records.) Liability Company)	and assigned	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000402638</u>		and accioned	
Florida document number <u>L21000402638</u>	were filed on	and accioned	
		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	he 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 a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the i	name of the new registere	
New Registered Office Address:			
	Enter Florida street address		
	, Florida	a	
	City	Zip Code	

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>	Address	Type of Action
MGR	JUSTIN GHAZVINI	4708 CAPITAL CIRCLE NW TALLAHASSEE, FL 32303	□Add
			■Remove
			□Change
MGR	BEHZAD GHAZVINI	4708 CAPITAL CIRCLE NW TALLAHASSEE, FL 32303	□Add
			Remove
			□Change
MGR	PREMIER OXFORD FUND GENERAL PARTNER 2, 11.0	4708 CAPITAL CIRCLE NW TALLAHASSEE, FL 32303	= Add
			□Remove
			□Change
			□Add
			Remove
			🖸 Change
			□Add
			□Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change

	<u></u>
	
Note:	tive date, if other than the date of filing:
the reco cord is t	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	June 27 . 2024.
	J4
	Signature of a member of atthorized representative of a member

Filing Fee: \$25.00