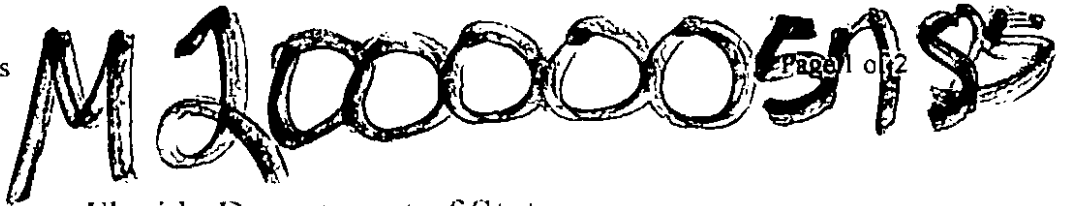


Division of Corporations



Page 1 of 2

****RESUBMITTING WITH CORRECTIONS - PLEASE GIVE ORIGINAL FILE DATE OF 7/10/2020****

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000218368 3))



H200002183683ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : 123160000017
Phone : (955)498-5500
Fax Number : (800)432-3622

2020 JUL 20 AM 10:20

FILED

2020 JUL 10 PM 3:14

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OKO REALTY LLC

****RESUBMITTING WITH CORRECTIONS - PLEASE GIVE ORIGINAL FILE DATE OF 7/10/2020****

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00



July 18, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

OKO REALTY LLC
4100 NE 2ND AVENUE
SUITE:307
MIAMI, FL 33137

SUBJECT: OKO REALTY LLC
REF: M20000005785

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please correct the date authorized to do business in Florida.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

FAX Aud. #: H20000218368
Letter Number: 520A00013539

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OKO REALTY LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRAN SCOLA
Name of Person

OKO GROUP LLC
Firm/Company

4100 NE 2ND AVENUE, SUITE 307
Address

MIAMI, FL 33137
City/State and Zip Code

FSCOLA@OKOGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at () Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: OKO REALTY LLC

Enter new principal office 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

2. The Florida document number of this limited liability company is: M20000005785

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 06/30/2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: OKO REAL ESTATE LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

_____, Florida

City

Zip Code

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

FILED
2020 JUL 10 PM 3:14
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "OKO REALTY LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "OKO REAL ESTATE LLC" ON THE NINTH DAY OF JULY, A.D. 2020, AT 1:37 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OKO REAL ESTATE LLC" WAS FORMED ON THE THIRTIETH DAY OF JUNE, A.D. 2020.



3159357 8320
SR# 20206161138

Authentication: 203259062
Date: 07-10-20

You may verify this certificate online at corp.delaware.gov/authver.shtml