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Division of Corporations

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: (850)205-0383

: CUMMINGS & LOCKWOOD Account Name

Account Number : 102336001100 : (239)649-3186 Phone

: (239) 263-0703

Fax Number

LLC AMND/RESTATE/CORREC OR M/MG RESIGN

OCEAN KING APARTMENTS, L.L.C.

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ocean King Apartments, L.L.C.

(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:

Dorean Bennett

(Name of Person)

Cummings & Lockwood LLC

(Firm/Company)

3001 Tamiami Trail North, Suite 400

(Address)

Naples, Florida 34103

(City/Stace and Zip Code)

For further information concerning this matter, please call:

Dorean Bennett

(Name of Person)

at 239 649-3129

(Area Code & Daytime Telephone Number)

MAILING ADDRESS: Registration Section

\$30,00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Foe

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

\$55.00 Filing Fee &

(additional copy is enclosed)

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360.00 Filing Fee.

Certificate of Status & Certified Copy

(additional copy is enclosed)

Ocean King Apartments, L.L.C.

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Present Name)
(A Florida Limited Liability Company)

| | hima 40, 2003 | |
|----------|--|-------|
| FIRST: | The Articles of Organization were filed on June 19, 2003 and assigned document number L03000022299 | |
| SECOND: | This amendment is submitted to amend the following: | |
| | Article 6. The business of the Company shall be managed by its Manager: | ₹o |
| | King City Management, Inc. | 50 |
| | 13315 NE 6th Avenue | 到 — |
| • • | North Mlami, Florida 33161 | High. |
| , | | HOH |
| | | 豆品 |
| | | |
| | | |
| | | |
| | | |
| Dated Ap | oril 18 , 2007 | |
| | | |
| | Signature of a thember or authorized representative of a member | |
| | Jonathan E. Gopman, Authorized Rep | |

Filing Fee: \$25.00

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