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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

MAY 2 7 2009

EXAMINER

COVER LETTER

.;

Division of Con	rporations		
SUBJECT: 1114 O	CEAN, LLC		a
SUBJECT.		ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Mr. Pankaj Sawhney		
		(Name of Person)	
	1114 OCEAN, LLC		
		(Firm/Company)	
	531 N Ocean Blvd., #201		
		(Address)	
	Pompano Beach, FL 330	62	
		(City/State and Zip Code)	
For further information c	concerning this matter, please co	all:	
Bill Sawhney		at (954) 914-6467 (Area Code & Daytime T	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1114 OCEAN, LLC			
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)		
The Articles of Organization for this Limited Liability Con	npany were filed on 02/06/2008	and assigned	
	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LL	C" or the abbreviation	
		0	
Enter new principal offices address, if applicable:		- 6	
(Principal office address MUST BE A STREET ADDRES	SS)	Sign Sign	
	<u> </u>	≥ 9=	
		L 9	
Enter new mailing address, if applicable:		OF STARPORA	
(Mailing address MAY BE A POST OFFICE BOX)			
		25 25	
B. If amending the registered agent and/or registere	ad affice address on our records enter the	nama of the nav	
registered agent and/or the new registered office addres	ss here:	name of the new	
Name of New Registered Agent:			
New Registered Office Address:	(E : E : 1)		
	(Enter Florida street address)		
·	, Florida		
	(City)	(Zin 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u> <u>Address</u>		Type of Action	
MGR	Nirmal Sawhney	531 N Ocean Blvd., #201 Pompano Beach, FL 33062	_∎☑ Add	l nove
			Ado Ren	l nove
		· · · · · · · · · · · · · · · · · · ·	Ado Ren	l ·
			Ado	
			Add Rem	ove
			Add Rem	ove
D. If ame	ending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	_	
- - - Dated	04-30-09.		09 MAY 26 PH 12: 25	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
	Signature of a n	nember or authorized representative of member		ī
	•	Typed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00