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.

(((H16000205793 3)))



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 : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205 Phone

: (305)416-6800

Fax Number

: (305)416-6811

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

100

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 251 CRANDON 510, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 2 2 2016

Y SULKER

## ARTICLES OF AMENDMENT TO (((H16000205793 3))) ARTICLES OF ORGANIZATION OF

(Name of the Lin	nited Liability Company as it now app (A Florida Limited Liability Company	pears on our records.) ny)		
The Articles of Organization for this Limited Liability Company were filed on MAY 8, 2013  Florida document number L13000067784				
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liability company	<u>v here</u> :		
Oceansound 510, LLC				
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appl	icable:			
(Principal office address MUST BE A STRE				
	-	1375		
Produces and the state of the s		SE		
Enter new mailing address, if applicable:	<del></del> ,			
<u>(Mailing address MAY BE A POST OFFIC</u>	<u> BOX)</u>			
		OR TO A		
		D):		
B. If amending the registered agent an registered agent and/or the new registered  Name of New Registered Agent:				
New Registered Office Address:	1000 BRICKELL AVENUE, S	SUITE 300		
TYPW RESIDENCE Office Fiduless.	Enter .	Florida street address		
	MIAMI	, Florida 33131		

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, thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent Signature of New Registered Agent

Page 1 of 3

08/19/2016 11:52 3054166811 ADAMS GALLINAR PA PAGE 03/04
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H16000205793 3)))

MGR = Manager

. . . .

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	MARIA A. ANTOR	1925 BRICKELL AVENUE	
		UNIT D 1712	■ Remove
		MIAMI, FL 33129	☐ Change
			□ Add
			☐ Remove
			Change
			D Add
			Remove 65
			SSEE C. Remove
			Change
			□ Add
			□ Remove
	,		Change
			D Add
		<u> </u>	□ Remove
			Change

PAGE 04/04 3054166811 ADAMS GALLINAR PA 08/19/2016 11:52 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (((H16000205793 3))) (optional) E. Effective date, if other than the date of filing: \_ (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated or authorized representative of a member Signature of Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00