## LIL 0000 70573

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## **COVER LETTER**

TO:	Registration Sec Division of Corp			A
SUBJE		E RESORT LLC		
SOBOL	<u> </u>	Name of Limi	ted Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please r	eturn all correspor	ndence concerning this matter t	to the following:	
		STEPHEN M. HARNIK		
			Name of Person	<u> </u>
		HARNIK LAW FIRM		
		<del> </del>	Firm/Company	<del></del>
		623 FIFTH AVENUE, 24T	'H FLOOR	
			Address	<del>"                                    </del>
		NEW YORK, NY 10022		
		-	City/State and Zip Code	<del></del>
		STEPHEN@HARNIK.COM		
		E-mail address: (t	o be used for future annual report notifica	ation)
For furt	her information co	oncerning this matter, please ca	<b>il</b> :	
STEPH	EN M. HARNIK		212 599-7575 at ()	
	Name of	Person	Area Code Daytime T	elephone Number
Enclose	d is a check for the	e 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:** 

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

3711 HYDE RESORT LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on APRIL 11, 2016 and assigned Florida document number L16 0000 70533 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: OCEAN 3711, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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 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

## 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

, Florida \_

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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ffective date, if other than the an effective date is listed, the date in	ust be specific and ca	nnot be prior	o date of filing	or more than 90	(optional) days after filing.	.) Pursuant to 605.0	)207
Note: If the date inserted in this ocument's effective date on the			ble statutory	filing requiren	nents, this date	will not be listed	l as
e record specifies a delay The 90th day after the re	ed effective dat cord is filed.	e, but not	an effecti	ve time, at	12:01 a.m.	on the earlier	r of
SEPTEMBER 30		2016					
			_ ·				

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Typed or printed name of signee

Filing Fee: \$25.00