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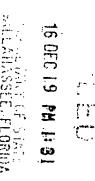
(Requestor's Name)
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(Business Entity Name)
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(Document Number)
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COVER LETTER

тò		istration Se ision of Cor			
CH	BJECT:	1135 76TH	STREET OCEAN, LLC		
SU	DJEC1;		Name of Limi	ted Liability Company	
The	e enclosed	l Articles of	Amendment and fee(s) are sub-	nitted for filing.	
.Ple	ase return	all correspo	ndence concerning this matter	to the following:	
			JOHN S. BOHATCH		
				Name of Person	
			GUTTENMACHER, BOH	ATCH & PENARANDA, P.A.	
			 	Firm/Company	
7301 SW 57TH COURT SUITE 560					
			SOUTH MIAMI, FL 3314	3	
			JBohatch@gbptaxlaw.com		
			E-mail address: (I	o be used for future annual report notifi	cation)
For	further it	nformation c	oncerning this matter, please ca	ıll:	
JO	HN S. BO	ОНАТСН		305 666-1040 at ()	
		Name o	f Person	Area Code Daytime	Telephone Number
Enc	closed is a	a check for th	ne following amount:		
	\$25.00 F	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:

TÒ:

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

	76TH STREET OCEAN, LLC	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on 05/19/2009	and assigned
Florida document number L07000024009	·	
This amendment is submitted to amend the following	i:	
A. If amending name, <u>enter the new name of the l</u>	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DDRESS)	_
Enter new mailing address, if applicable:		- -
(Mailing address MAY BE A POST OFFICE BOX)		
		5
3. If amending the registered agent and/or re		enter the name of the
registered agent and/or the new registered office a	address here:	58
22. 22. 2		
Name of New Registered Agent:		0: 3
New Registered Office Address:	<u> </u>	
	Enter Florida street address	>>
<u> </u>	, Flor	
	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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	STEVEN E. GROFFMAN	815 CENTRAL DRIVE	
		COLLEYVILLE, TX 76034	■ Remove
			Change
MGR	BETH P. GROFFMAN	815 CENTRAL DRIVE	Add
		COLLEYVILLE, TX 76034	■ Remove
			☐ Change
MGR	SUSAN G. GROFFMAN	1135 76TH ST	
		MARATHON, FL 33050	□ Remove
			Change
			Add Add
			□ Change
			Remove
			Change
			□ Add
			Remove
			☐ Change

	
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Filing Fee: \$25.00