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COVER LETTER

TO: Registration S Division of Co			·	
SUBJECT:	FIRST OCEAN E	STATES REALTY, LLC		
		ed Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	M	lark D. Hobson, Esq.		
		Name of Person		
	Devine Goodman Rasco & Wells, P.A.			
		Firm/Company		
	777 Brickell Avenue, Suite 850			
		Address		
		Miami, FL 33131 City/State and Zip Code		
	mhobson@devinegoodman.com E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please ca		,	
Mark D. Hobson, Esq.		at (305) 374	-8200 x14	
Name	of Person	Area Code & Daytime	Telephone Number	
Enclosed is a check for t	the following amount:			
✓ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)	

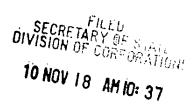
MAILING ADDRESS:

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



FIRST OCE	AN ESTATES REAL	ΓY, LLC	
(<u>Name of the Limited Lia</u> (A Flo	i <mark>bility Company as it now appe</mark> orida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on	March 6, 2002	and assigned
Florida document number L020000540			
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company he	ere:	
The new name must be distinguishable and end with th	e words "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
	W		
Enter new mailing address, if applicable:	-		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or		our records, enter the	e name of the new
registered agent and/or the new registered office	e address nere:		
N			
Name of New Registered Agent:			
New Registered Office Address:			<u> </u>
	E	nter Florida street addr	ess
_		, Florida	
	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 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 Changing Registered Agent, Signature of New Registered Agent

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 Type of Action Address Title <u>Name</u> MGR Ana Perez 429 Lenox Ave ☐ Add 🔽 Remove Miami Beach, FL 33139 Sylvia Mergui MGR 429 Lenox Ave ✓ Add Miami Beach, FL 33139 Remove ☐ Add Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ember or authorized repr Signature of a of a member Sylvia Mergui Manager Typed or printed same of signee

Page 2 of 2

Filing Fee: \$25.00