## "L02000025003

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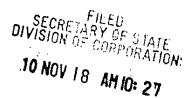
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DIVISION OF CORPORATION

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:	EMPIRE OCEAN R	RESIDENCE REALT	Y, LLC		
SUBJECT.		ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	Mark 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			
	mhobs E-mail address: (	son@devinegoodman.co to be used for future annual report	om notification)		
For further information	concerning this matter, please of	eall:			
	D. Hobson, Esq.	at (_305_)	374-8200 x14		
Name	of Person	Area Code & Da	lytime Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	S60.00 Filing Fee, Certificate of Status & Osed) Certified Copy (additional copy is enclosed)		
Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	Registration S Division of Co Clifton Buildi	orporations ng e Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



## EMPIRE OCEAN RESIDENCE REALTY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

l

The Articles of Organization for this Limited Liability	y Company were filed on _	September 24, 2002 and assigned	
Florida document number L02000025003	·		
This amendment is submitted to amend the following	j.		
A. If amending name, enter the new name of the l	imited liability company	here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Con	npany," the designation "LLC" or the abbreviatio	
Enter new principal offices address, if applicable:	•		
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office a		n our records, enter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City	Zip Code	
N D I I I I I I I I I D I I	1.4		

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 = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Ana Perez	429 Lenox Ave Miami Beach, FL 33139	Add Remove
MGR_	Sylvia Mergui	429 Lenox Ave Miami Beach, FL 33139	Add Remove
			Add Remove
<u></u>			Add Remove
			Add Remove
<del></del>			Add Remove <b>10</b>
D. If amen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF COR
_			AM IO: 27
Dated	11/12.201	is Peraul	_
		or authorized representative of a momber	
	Sylvia Typed (	a Mergui, Manager	<del></del>

Page 2 of 2

Filing Fee: \$25.00