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SECRETARY OF STATE
TAIL AHASSEF, FLORIO

STATE

T. CLINE
JUL 19 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corp.				
SUBJE	ECT:	OCEAN KING	APARTMENTS, L	LC	
3000			ited Liability Company		
The en	closed Articles of A	mendment and fee(s) are su	bmitted for filing.		
Please	return all correspond	dence concerning this matter	r to the following:		
SHLOMO CHELMINSKY					
			Name of Person		
OCEAN KING APARTMENTS, LLC					
	Firm/Company				
13315 NE 6 AVE, OFFICE					
Address					
NORTH MIAMI, FL 33161		1			
City/State and Zip Code					201 7AL
	debby00@bellsouth.net E-mail address: (to be used for future annual report notification)				CRE
Б. С	4		·	rt notification)	ZOIL JUL 18 AN SECRETARY OF ALLAHASSEE, I
For fur	ther information cor	ncerning this matter, please of	call:		
	SHLOMO	CHELMINSKY	at (_305_)	945-6667	FSI
	Name of I	Person	Area Code &	Daytime Telephone Number	AMIII: 25 OF STATE E. FLORIDA
Enclose	ed is a check for the	following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified	e of Status &
	Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 see, FL 32314	Registration Division of C Clifton Build	Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co.	APARTMENTS, I	LLC		
(A Florida Limit	ted Liability Company)	s on our records.)		
	oany were filed on	June 19, 2003	and ass	igned
This amendment is submitted to amend the following:				
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailling 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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Florida				
The new name must be distinguishable and end with the words "I"L.L.C."	Limited Liability Compar	ny," the designation "	LLC" or the a	bbreviation
Enter new principal offices address, if applicable:			2011 SEC	
· · · · · · · · · · · · · · · · · · ·	<u> </u>		AR L	1.5
			ARY SSE	
Enter new mailing address, if applicable:			PS 🚟	
(Mailing address MAY BE A POST OFFICE BOX)			E HO	
		ur records, <u>enter</u>	the name o	f the new
Name of New Registered Agent:				
New Registered Office Address:	·	DI 11	1	
	Enter Florida street address			
	Citv	, Florida	Zin Code	
	UIIV		ziii Coae	

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

Title <u>Name</u> **Address Type of Action** MGR SHLOMO CHELMINSKY **13315 NE 6 AVE, OFFICE** ✓ Add Remove NORTH MIAMI, FL 33161 MGRM ALLEN CHELMINSKY 13315 NE 6 AVE, OFFICE √ Add Remove NORTH MIAMI, FL 33161 SHLOMO CHELMINSKY 13315 NE 6 AVE, OFFICE ☐ Add Remove NORTH MIAMI, FL 33161 \neg Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 13 2011 Dated Signature of a member of authorized representative of a member Shlomo Chelminsky Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00