## L0500052624

(Re	questor's Name)	
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	d)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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SLOKE TARRY OF STATE

MAY 10 2013 D. BRUCE

## **COVER LETTER**

	egistration Section vision of Corporations		
SUBJECT	Name of Limited Liability Company		
	Name of Limited Liability Company		
The enclos	ed Articles of Amendment and fee(s) are submitted for filing.		
Please retu	n all correspondence concerning this matter to the following:		
	Name of Person		
	GEORGE M SANTAMARINA PA Firm/Company		
	Firm/Company		
	13831 5W 59 STRAT, SUITE 203		
	Address		
	MIAMI, FL 33183 City/State and Zip Code		
	City/State and Zip Code		
	E-mail address: (to be used for future annual report notification)	2013 MJ SECIA FALLA	empe,
For further	information concerning this matter, please call:		D-Sections:
GEOM	OE H SANTAMARINA     at (305) 40 8 - 6250       Name of Person     Area Code & Daytime Telephone Number	MAY-9 PHIZ:52 UNETARY OF STATE LAHASSEE FLORID	
	Name of Person Area Code & Daytime Telephone Number	PH 12: 5; OF STATE OF LORID	
Enclosed is	a check for the following amount:	A	
<b>S</b> \$25.00	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &	sed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## **STREET/COURIER ADDRESS:** Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCEAN VIEW DEVE	ELOPERS, LLC	
( <u>Name of the Limited Lia</u> (A Flo	ELOPERS, LLC ability Company as it now appears on orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on5/c	26/05 and assigned
Florida document number <u>L 050000526</u>	<del>24</del> .	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	IDDRESS)	
Enter new mailing address, if applicable:		2912
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	
		ASS L
B. If amending the registered agent and/or a		<u></u> -<
registered agent and/or the new registered office	e address here:	records, enter the namedor the new
Name of New Registered Agent:		D. 7 10
New Registered Office Address:		
	Enter F	lorida street address
_		, 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 **Title** Name 1 **Address Type of Action** MGRM JOSEPH P CACCIATORE 527 S WELLS STRAT, SUITE 700 CHICAGO, IL 60607 JOSEPH P CACELATORE MGR 527 S WELLS STREET, SUITE 700 X Add CHICAGO, IL 60607 Remove Add Remove Add Remove RETARY OF STATE AHASSEE FLORIDA Remove Remove

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	<u> </u>
_	
-	
_	
_ Dated	MAY 7 (2013.
	Delen
	Signature of a member or authorized representative of a member
	GEORGE M SANTAMARINA
	Typed or printed name of signee

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Filing Fee: \$25.00

SCORTTARY OF

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