| 105000 | 0117200 |
|---|--|
| (Requestor's Name) (Address) (Address) | 700190767477 |
| (City/State/Zip/Phone #) | 01/11/1101008022 **25.00 |
| (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | FILED 2011 JAN 11 AM 10: 20 VALIATASSED FLORED |
| Office Use Only | J. SAULSBERRY EXAMINER JAN 1 3 2011 |

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| • • • | | COVER LETTER | | | |
|-----------------------------------|---|---|-----------------|----------------|--------------|
| TO: Registration Division of C | | | | | |
| SUBJECT: | | ARINER LLC | | | |
| | of Amendment and fee(s) are su condence concerning this matte | - | | | |
| | Ū. | THOMAS STRAUSS | | | |
| . • | | Name of Person | | - | |
| | | | | | <i>z</i> · |
| | | 464 MARINER LLC Firm/Company | | | . * |
| | | Thirdeompany | | | |
| 464 MARINER | | AHAS AN I | | | |
| | | Address | | | Transmission |
| | | JUPITER, FL 33477 | | | |
| | <u> </u> | City/State and Zip Code | | AH ID: 20 | |
| | STF | AUSSTOM@AOL.COM | | | |
| | | to be used for future annual report notificat | tion) | | |
| For further information | concerning this matter, please | call: | | | |
| THO | MAS STRAUSS | at (_561) 37 | 71-2146 | | |
| Name | of Person | Area Code & Daytime To | elephone Number | r | |
| 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 enclosed) | Certified | te of Status & | osed) |
| Regist Divisi P.O. B | JING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314 | STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 32301 | ons r Circle | | |

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 464 MARII | | | | |
|--|------------------------------|-------------------|-------------|---------------|
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | | | | |
| | | | | |
| The Articles of Organization for this Limited Liability Company | were filed on | 12/07/2005 | an | d assigned |
| Florida document number L05000117200 | | | E% | 2011 |
| | | | A)) Proj | र्ट्स जानों |
| This amendment is submitted to amend the following: | | | SS | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | ʰ ₩× | |
| As it amenuing name, <u>enter the new name of the nameu nam</u> | inty company nere. | | | |
| The new name must be distinguishable and end with the words "Limit | ted Liability Company | " the designation | | 5 . |
| "L.L.C." | ou Duonny company | , the designation | | |
| Enter new principal offices address, if applicable: | 464 MARINER | LLC | | |
| (Principal office address MUST BE A STREET ADDRESS) | 464 MARINER | | | <u>.</u> |
| | JUPITER, FL 3 | | | |
| | | | | <u> </u> |
| Enter new mailing address, if applicable: | 464 MARINER | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | 464 MARINER | | | <u> </u> |
| An uning undress MATT DEAT OST OFFICE BON | JUPITER, FL 3 | | | |
| | | | | |
| B. If amending the registered agent and/or registered off | | records, ente | r the nar | ne of the new |
| registered agent and/or the new registered office address here | : | | | |
| | | | | |
| Name of New Registered Agent: | · · · · · · · · · · · · | | | |
| New Registered Office Address: | | | | |
| | Enter Florida 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

Page 1 of 2

• If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | Name | Address | <u>Type of Action</u> |
|----------------|---|--|----------------------------|
| MGRM | DENNIS R. EGIDI | 800 S. MILWAUKEE AVENUE SUITE 170 LIBERTYVILLE, IL 60048 | _ Add _√ Remove _ |
| MGRM | THOMAS STRAUSS | 464 MARINER DRIVE JUPITER, FL_33477 | _ ☑ Add _ □ Remove _ |
| | | | Add Remove |
| | | | _ Add _ Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amending | g any other information, enter change(s |) here: (Attach additional sheets, if necessary.) | |

| | | | 2 | |
|-----------|--|--------|----------|---|
| _ | | ALLAH | 2011 JAN | |
| Dated | JANUARY 6 2011 | ARY OF | II AM | Π |
| | Demin R Each | STATE | 110: 20 | O |
| | Signature of a member or authorized representative of a member | | | |
| | DENNIS R.E GIDI | | | |
| | Typed or printed name of signee | | | |
| | Page 2 of 2 | | | |
| | Filing Fee: \$25.00 | | | |