Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000217780 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TURNBERRY ASSOCIATES

Account Number : I19990000201

Phone : (305)937-6262

Fax Number

: (305)682-4109



AMND/RESTATE/CORRECT OR M/MG RESIGN

OCEAN CAPITAL GROUP LLC

	بنيين كالكرين فيسينون
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 13 2009

10-12-2009

H09000217780 3 COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Ocean Capi	tal Group LLC ted Liability Company	·
	Name of Limi	ted Liability Company .	
	Amendment and fee(s) are sub ondence concerning this matter	-	SE SE
r rease return air corresp	orderice concerning his matter		OS DOT 12 AM 8: 12 SECRETARY OF STATE TALLAHASSEE, FLORIB
		Eric Feder Name of Person	SEE E
		Cirrus Capital LL Firm/Company	STATE 8: 12
	40	142 Island Estates D	7.0
		tventum FL 33/60 City/State and Zip Code	
		City/State and Zip Code i C m feder @ gma: 1. com to be used for future annual report notification	
For further information	concerning this matter, please of	•	517)
	Feder of Person	at (<u>305)</u> 785-36 Arca Code & Daytime Te	79 Icphone Number
Enclosed 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 enclosed)	S60.00 Filing Fee, Certificate 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

TURNBERRY LTD

09:50:07 a.i

10-12-2009

н09000217780 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

·	-71	7. O .		
(Name of the Limited Liability Comp (A Florida Limited	oital Group LL	e SERGE		
(Name of the Limited Liability Comp	pany as it now appears on o	ur records.)		
•		. 24 8		
The Articles of Organization for this Limited Liability Compar	ny were filed on 10/4/	2006 and assigned		
Florida document number <u>L 060000 97 236</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
Cirrus Capital L The new name must be distinguishable and end with the words "Lin	LLC			
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," th	e designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	4042 Isla	ad Estates Drive		
(Principal office address MUST BE A STREET ADDRESS)	Aventura,	FL 33160		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4042 Isl — Aventura,	FL 33160		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		cords, enter the name of the new		
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:				
•	Enter Flo	Enter Floridu 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

н09000217780 3

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 = Ma MGRM = N	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
<u>.</u>			Add Remove
			
			<u> </u>
D. If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if neces.	sary.)
_			09 OCT
Dated	() chober 12, 200	P9 (12 MH 8: 12 RY OF STATE SEE! FLORIDA
		r or authorized representative of a member	<u>~ ~</u>
	Tyned	or printed name of signee	······································

Page 2 of 2

Filing Fee: \$25.00