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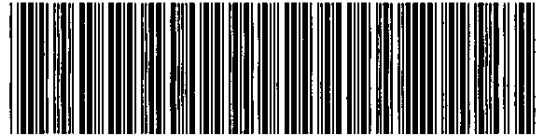
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

SEP - 2 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North Ocean Way, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Francis X. J. Lynch
Name of Person
Breton, Lynch, Eubanks & Suarez-Murias, PA
Firm/Company
1209 North Olive Avenue
Address
West Palm Beach, FL 33401
City/State and Zip Code
flynch@blesmlaw.com
E-mail address: (to be used for future annual report notification)

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09 AUG 31 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Frank Lynch at (561) 721-4004
Name of Person Area Code & Daytime Telephone 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) ☐ \$60.00 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

North Ocean Way, LLC

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

FILED
09 AUG 31 PM 4:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/23/2006 and assigned
Florida document number L06000102936.

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 "L.L.C."

Enter new principal offices address, if applicable:

1209 North Olive Avenue

(Principal office address MUST BE A STREET ADDRESS)

West Palm Beach, FL 33401

Enter new mailing address, if applicable:

1209 North Olive Avenue

(Mailing address MAY BE A POST OFFICE BOX)

West Palm Beach, FL 33401

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

1209 North Olive Avenue

Enter Florida street address

West Palm Beach

Florida

33401

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Carney Family Irr Tr 1998	625 North Flagler Drive, 9th Floor West Palm Beach, FL 33401	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Brennan, Edmund J.	1 Church Green Taunton, MA 02780	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Francis X. J. Lynch	1209 North Olive Avenue West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Backyard Trust II	1209 North Olive Avenue West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The effective date of this Amendment to Articles of Organization shall be

August 21, 2009.

Dated August 21 2009



Signature of a member or authorized representative of a member

Francis X. J. Lynch

Typed or printed name of signee