# 30000 983 Florida Department of State Division of Corporations

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To:	Division of Corporations Fax Number : (850)617-6383	L. SELLERS
From:	Account Name : J ) HOFMANN & ASSOCIATES, P.A. Account Number : I19990000022 Phone : (305)666-0024 Fax Number : (305)666-0028	
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1/14/2013

COBB PARTNERS

Cobb Purmers Limited PO. Box 14-4200 Coral Gables. Florida 33114-4200 (305) 441-1700 (305) 445-5674 Fax

Date: January 1, 2013

To: Registration Section

Division of Corporations

State of Florida

Cobb Partners, Inc., Cobb Partners, Limited do hereby consent to EC South Beach Holdings, LLC (FL Document No. L07000069657) re-adopting the name Cobb Partners, LLC and consent to the LLC's use of the name Cobb Partners.

Cobb Partners, Inc.

and as general partner for Cobb Partners, Limited and as Manager for ECH South Beach Holdings, LLC

By:

Charles E. Cobb. Jr.

lts: Chairma

Chairman and Executive Officer

STATE OF FLORIDA COUNTY OF DADE

The foregoing instrument was acknowledged before me this 11th day of January, 2013, by Charles E. Cobb, Jr. who is personally known to me.

Mercedes Perdomo Notary Public

Mrkany Public State of Florida State of

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECH South Beach Holdings, LLC			
(Name of the Limited Liability C (A Florida Li	To ppany as it now appearing the Liability Company)	ra on our records.)	
The Articles of Organization for this Limited Liability Co.	mpany were filed on FE	bruary 13, 2009	_ and assigned
Florida document number L0700069657	,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limits	ed liability company he	re:	
Cobb Partners, LLC			
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Comp	any," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:			., ,
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
•			
Enter new mailing address, if applicable:			8***Pa
(Mailing address MAY BE A POST OFFICE BOX)		0 000	
B. If amending the registered agent and/or registered agent and/or the new registered office addressed agent and/or the new registered office addresses.		our records, enter the	name of the ner
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street addres	צו
		, Florida	·**
•	City		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a	nd agree to act in this	canacity. I further avres	to comply with
the provisions of all statutes relative to the proper 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

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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	Address	Type of Action	
			Add	
			Remove	
			<del></del>	
			Add	
			Remove	
			Add	
			Remove	
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	•		Remove	
			Add	
			Remove	
			Add	
			Remove	

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D. I	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
Data	January 11, 2013.
Date	A COM
	Signature of a member or authorized representative of a member
	Charles E. Cobb Jr., Chairman and Executive Officer
	Typed or printed name of signee
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Filing Fee: \$25.00