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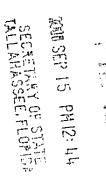
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T. CLINE
SEP 1 6 2008
EXAMMER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: OCEAN DR. VILLAS 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:
JAMES S. CARROLL (Name of Person)
COCEAN DRIVE VILLAS (Firm/Company)
12575 ORANGE DRIVE, SUITE #302
DAVIE, FLORIDA 33330 (City/State and Zip Code)
For further information concerning this matter, please call:
SCOTT THORNE at 954) 925.6939 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified 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

OCEAN DE	Ity Company as it now appears la Limited Liability Company)	LLC on our records.)	_	
(A Floric	la Limited Liability Company)			
The Articles of Organization for this Limited Liability	Company were filed on D	1/16/08 ar	nd assigned	
Florida document number <u>LO8000038</u>	206			
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the li	mited liability company here:			
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Company	," the designation "LLC" o	r the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
Enter new mailing address, if applicable:		<u>ج</u> نام الله الله الله الله الله الله الله ال	143	
(Mailing address MAY BE A POST OFFICE BOX)		5-31	©# Ø2 ***	
			ind	
		(0.28 (1.41-<	on the same	
B. If amending the registered agent and/or reg	istered office address on ou	r records, <u>enter the na</u>	me of the new	
registered agent and/or the new registered office a	<u>ldress here</u> :	# 5 0 = 1	12.	
		28 3r mm	E	
Name of New Registered Agent:		** <u>***</u> 1*		
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)

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

MGR = Manager

MGRM = Managing Member

Type of Action Title Name Address WENDY M. THORNE Remove MGR SCOTT A. THORNE Remove ■ Add Remove ∫ Add Remove _ Add ☐ Remove (A) Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. Dated Wed. Sept Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00