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Special Instructions to Filing Officer:				
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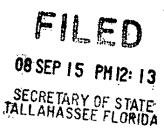
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SECRETARY OF STATE
TALL AHASSEF FLORIDA

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: OCP 111	I, LLC		
30B0E1.	(Name of Limi	ted Liability Company)	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		,	
•	Guy Rabideau, Esq.	(1)	
		(Name of Person)	
		():(C)	
		(Firm/Company)	
	400 Royal Palm Way, Su		
		(Address)	
	Palm Beach, Florida 334		
		(City/State and Zip Code)	
For further information co	ncerning this matter, please ca	all:	
Guy Rabideau		at (561 ₎ 655-6221	
(Name of	Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for the	-		
□ \$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)
Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



OCP 111, LLC		

(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 Lial	bility Company were filed on August 8, 2008	and assigned
Florida document number <u>L08000076412</u>	 .	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
OCP Partners, LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	'ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, <u>er</u> i <u>ce address here</u> :	nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
-	(Enter Florida stre	eet address)
	, Floric	da
	(Citv)	(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 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>:

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			
	-	·	Add Remove
			Add
			Remove
			Add
			Remove
			Add Remove
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			Remove
D. If amer	ding any other information, enter cha	inge(s) here: (Attach additional sheets, if necessa	ry.)
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Filing Fee: \$25.00