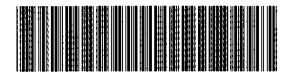
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D. BRUCE
JUN 11 2010
EXAMINER

COVER LETTER

Registration Section

TO:

Division of Co	rporations					
SUBJECT:	Osceola Hom	nesite Partners, LLC				
	Name of Limi	ited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	brnitted for filing.				
Please return all corresp	ondence concerning this matter	r to the following:				
	Jen	na Rissman Atlass, Esq.				
		Name of Person				
	Savage & Atlass, P.L.					
		Firm/Company				
	3999 Sheridan Street, Suite 200					
	Sheridan Street, Suite 200 Address Hollywood, FL 33021 City/State and Zip Code ass@savageatlass.com (to be used for future annual report notification)					
		Hollywood, FL 33021				
		City/State and Zip Code	i			
<i>t</i> .	jatla	ass@savageatlass.com (to be used for future annual report notification)	ĺ			
For further information	concerning this matter, please of					
lona	Rissman Atlass	at (954) 985-1005				
	of Person	at (954) 985-1005 Area Code & Daytime Telephone Number				
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, 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

OSC((Name of the Limite	Ola Homesit	e Partners, L	LC rs on our records.)		
(,	A Florida Limited I	Liability Company)			
The Articles of Organization for this Limited I	Liability Company	were filed on	12/22/2008	and assigned	
Florida document number L0800011	5952				
This amendment is submitted to amend the follow. A. If amending name, enter the new name of	Ü	ility company her	·e:		
The new name must be distinguishable and end w "L.L.C."				LC" or the abbreviation	
Enter new principal offices address, if appli	2875 NE 191	Street	28 3		
(Principal office address MUST BE A STREET ADDRESS)		Suite 702C		<u> </u>	
		Aventura, FL	33180	30.75	
Enter new mailing address, if applicable:	2875 NE 191	Street	三号 呈 [7		
(Mailing address MAY BE A POST OFFICE BOX)		Suite 702C		95 8 6	
		Aventura, FL	33180	DA DA	
B. If amending the registered agent and registered agent and/or the new registered of	ffice address her	c:	our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	Savage & A	tlass, P.L.			
New Registered Office Address:	e 200				
	Enter Florida street address				
		Hollywood	, Florida	33021	
New Paristened & sents Cimeters if the setup	Danistan d America	City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:	•			
I hereby accept the appointment as register the provisions of all statutes relative to the accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	proper and comp ristered agent as registered office	lete performance provided for in O	of my duties, and I a hapter 608, F.S. Or,	m familiar with and if this document is	

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 MGR** Eric M. Feder Add Remove 4042 Island Estates Drive Aventura, FL 33160 **MGR** Dan E. Kleiman ✓ Add
☐ Remove 2875 NE 191 Street Aventura, FL 33180 ☐ Add □ Remove ∏ Add Remove \square Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Dan E. Kleiman, Authorized Representative

Filing Fee: \$25.00