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SECRETARY OF STATE
TALL AHASSEE FLORING

D. BRUCE

MAY 2 1 2009

EXAMINER

COVER LETTER

. **TO:**

TO:	Registration Sec Division of Corp				
SUBJECT: Ocean			atio Living LLC		
SCBO			ed Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspon	ndence concerning this matter	to the following:		
Janet Carrier			-		
			Name of Person		
		Od	cean Patio Living LLC		
			Firm/Company		
			475 NE 37th St		O9 MAY 20 AM II: 52 SECRETARY OF STATE ALLAHASSEE, FLORIG
			Address		Y 2
		В	loca Raton,FL 33431		20 AM ASSEE.
			City/State and Zip Code		E FE
			nizner1@gmail.com		STA 1:5
		·	o be used for future annual repo	ort notification)	DA P
For fu	rther information co	oncerning this matter, please c	all:	:	
	Ja	net Carrier	at (_561_)	350-4137	
	Name of	Person	Area Code &	Daytime Telephone Numb	er
Enclos	ed is a check for th	e following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is er	iclosed) Certific	iling Fee, ate of Status & ed Copy anal copy is enclosed)
	Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registration Division of Clifton Buil	Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ocean Patio	Living LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Company were filed on		4/21/09	and a	ssigned	
Florida document number L09000038563					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
•					
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compan	y," the designation	"LLC" or th	e abbreviation	
Enter new principal offices address, if applicable:	3500 S.W. 15th Street		ZS C	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	Deerfield Beac	h, FL 33442	CRE LAH	- 7	
			ASS ASS	7-11-1	
Enter new mailing address, if applicable:	3500 S.W. 15tl	n Street	Y OF	Ш	
(Mailing address MAY BE A POST OFFICE BOX)	Deerfield Beac	h, FL 33442	ORID ORID		
			<u>. ></u>		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r records, <u>ente</u>	r the name	of the new	
Name of New Registered Agent:					
New Registered Office Address:					
	Ente	r Florida street a	ddress		
	, Florida				
	City		Zip Co	ode	

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action **Address** <u>Name</u> Title Jay Carrier MGRM ☐ Add 475 NE 37th St ✓ Remove Boca Raton FL 33431 Janet Carrier ✓ Add MGRM 475 NE 37th St Remove Boca Raton FL 33431 ☐ Add Remove ∏Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Bill Jones Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00