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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: OCEAN PROPERTIES AND INVESTMENTS, LLC								
	Name of Lin	nited Liability Company						
•								
The enclosed Articles	s of Amendment and fee(s) are su	ibmitted for filing.						
Please return all corre	espondence concerning this matte	er to the following:						
		ALEXIS A GUEVARA						
		Name of Person						
		Firm/Company						
	115 MADEIRA AV.							
Address								
	CORAL GABLES 33134							
		City/State and Zip Code						
	E-mail address:	(to be used for future annual report noti	fication)					
For further information	on concerning this matter, please	call:						
	EVIO OLIEVADA	. 700	000 5057					
	EXIS GUEVARA ne of Person.	at (786) Area Code & Daytir	362-5657 ne Telephone Number					
Enclosed is a check f	or the following amount:							
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
			(
MAILING ADDRESS: Registration Section		STREET/COURIER ADDRESS: Registration Section						
Division of Corporations		Division of Corpo	Division of Corporations					
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive C	enter Circle					
		Tallahassee, FL 3						

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCEAN PROPI (Name of the Limited L (A F	ERTIES AN liability Compar lorida Limited L	ND INVESTME ny as it now appears liability Company)	ENTS, LLC				
The Articles of Organization for this Limited Liab Florida document number	bility Company			and	d assigr	ned	
This amendment is submitted to amend the follow	ving:						
A. If amending name, enter the new name of t	he limited liab	ility company here	:				
OCEAN PROF	PERTIES AN	D INVESTMENT	TS, LLC				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Compan	ny," the designation	"LLC" or	the abb	reviation	
Enter new principal offices address, if applicat	115 MADEIRA	A AV.					
(Principal office address MUST BE A STREET ADDRESS)		CORAL GABLES, FL. 33134					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		115 MADEIRA CORAL GABL	A AV. .ES, FL.33134				
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	ce address her	e: GUEVARA JR RA AV.	ur records, enter	SEERE TAPLAHA	ne of 1	the new	
New Registered Agent's Signature, if changing Re		City	, Florida		3	D	
				-			

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, 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 Type of Action** <u>Name</u> **Address** SEC: JOSE LUIS GUEVARA 115 MADEIRA AV ✓ Add CORAL GABLES, FL. 33134 Remove ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 SEPTEMBER 10 Dated

Typed or printed name of signee

Page 2 of 2

Signature of a member or authorized representative of a member ALEXIS A. GUEVARA JR

Filing Fee: \$25.00