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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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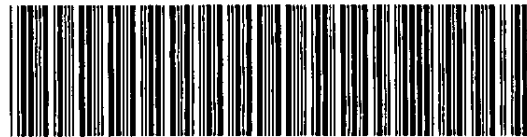
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 16 2013

T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Ocean Riders Real Estate 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:

**Christian Finkelberg**

Name of Person

**Ocean Riders Real Estate LLC**

Firm/Company

**2801 NE 208th. Terrace 2nd. Floor**

Address

**Aventura, FL 33180**

City/State and Zip Code

**finsolcorp@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Christian Finkelberg**

Name of Person

**305 454-0915**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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)

### 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 Riders Real Estate 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 Liability Company were filed on 02/01/2010 and assigned  
Florida document number L10000011556.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

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

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Matias D Naka	2801 NE 208th. Terrace	<input type="checkbox"/> Add
		2nd. Floor	<input checked="" type="checkbox"/> Remove
		Aventura, FL 33180	
MGRM	Santiago C Morixe	2801 NE 208th. Terrace	<input type="checkbox"/> Add
		2nd. Floor	<input checked="" type="checkbox"/> Remove
		Aventura, FL 33180	
MGRM	Julian E Prigoshin	2801 NE 208th. Terrace	<input type="checkbox"/> Add
		2nd. Floor	<input checked="" type="checkbox"/> Remove
		Aventura, FL 33180	
MGR	Team Real Estate Management LLC	2801 NE 208th. Terrace	<input checked="" type="checkbox"/> Add
		2nd. Floor	<input type="checkbox"/> Remove
		Aventura, FL 33180	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			13 SEP 13 PM 12 29
			FILED
			Add
			Remove

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please change FEI / EIN Number to the following correct  
Number:

FEI / EIN Number: 42-1770241

Dated September 11, 2013

Signature of a member or authorized representative of a member

Matias D Naka

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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