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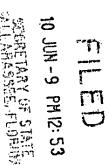
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J. BRYAN

JUN 1 0 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	oc Holdings 1. Name of Limi	LC	
	Name of Limi	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	€ ₩ 3
			TILED PH 12: 53
	11 -35	Kla-	
	Marolo	Name of Person	
`	Croc He	<u>ل درمالا</u> Firm/Company	2:5
		rirm/Company	
	16706	Rio Brik	
		redics	
	Uchrag Bea	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifica	ition)
For further information	concerning this matter, please o	eall:	
Harald K	lein	at (541) 271-5	154
Harreld K Name o	of Person	at (<u>561)</u> 2-71-5 Area Code & Daytime T	Celephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	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



Croc Holdin	195, LLC		No: 53
(Name of the Limited Li (A FI	ability Company as it now appoorida Limited Liability Company	ears on our records.) /)	93 S
The Articles of Organization for this Limited Liab	ility Company were filed on _	314/2010	and assigned
Florida document number 11000002543	9		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liability company h	<u>iere</u> :	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Com	npany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		ı our records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
-	City	, Florida	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, 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 1 Address **Type of Action** MGR Nemove . ☐ Add Remove ☐ Add Remove ∏Add Remove \prod 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 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00