# L10000115612

(Requestor's Name)
(Address)
· ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
<del>-</del>
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certifica copies
Special instructions to Filing Officer:

Office Use Only



300200888673

04/11/11--01009--011 \*\*25.00

SEGRETARY OF STAFE
DIVISION OF CORPORATIONS

## **COVER LETTER**

Division of Corporations					
SUBJECT. OC Prof	perty Holdinas I I (	C(fic name= SCLOCH1 L	and Trust)		
SUBJECT: OOT TO		ited Liability Company	e de la companya de l		
		, , ,			
The enclosed Articles of A	mendment and fee(s) are su	bmitted for filing.			
Please return all correspondence concerning this matter to the following:					
		Cynthia O'Connell			
		Name of Person			
	OC Property Holdings LLC  Firm/Company  Name of Person  (Fic Name = SLCOCH 7 Land + Fust)				
	OC Property Holdings LLC -trust				
		Firm/Company			
	131	N 2nd Street Suite # 208			
	Address				
	Fort Pierce, FL 34950				
City/State and Zip Code					
CindiRealEstate@yahoo.com					
	E-mail address: (to be used for future annual report notification)				
For further information con	ncerning this matter, please of	call:			
Cynth	ia O'Connell	αιι )	24-2911		
Name of Person		Area Code & Daytime 7	elephone 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)		

TO:

**Registration Section** 

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



OC Property F	Holdings LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)		
(A Fiorica Limited I	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on November 5, 2010 and assigned		
Florida document numberL10000115612			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and end with the words "Limi	ited Liability Company "the designation "LLC" or the abbreviation		
"L.L.C."	ned Elability Company, the designation EEC of the hobieviduous		
Enter new principal offices address, if applicable:	131 North 2nd Street Suite # 208		
, ,	Fort Pierce, FL 34950		
(Principal office address MUST BE A STREET ADDRESS)	1 Of (1 left ce, 1 L 34930		
	Compa An Abraua		
Enter new mailing address, if applicable:	Same As Above		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of			
registered agent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	T123-		
<del></del>	, Florida		

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

MGR = M MGRM =	1anager ∙ Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
D. If ame	4-6 and	J. O authorized representative of a member	SECRETARY OF STAIL BIVISION OF COMPORATIONS 11 PR 1: 45
	Cy	ynthia O'Connell or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00