L110000040110

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SECRETARY OF STATE

PAY 2 2 2015 T. HAMPTON

COVER LETTER, *,

Division of Corporations						
OCEAN FII	RST GROUP, LLC					
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Colin C. Laitner					
Name of Person						
	Deeter Investments, LLP					
Firm/Company						
	4303 Island Ave.					
Address						
	Austin TX 78731					
		City/State and Zip Code				
	colinclaitner@gmail.com					
	E-mail address: (1	to be used for future annual report notific	cation)			
For further information co	oncerning this matter, please ca	ail:				
Colin C. Laitner		512 732-2650				
at ()			Telephone Number			
Enclosed is a check for th	e 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:

TO:

Registration Section

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 FIRST GROUP, 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 April 4, 2011 and assigned Florida document number L11000040110 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: ÜΊ (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

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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida _

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	OFG Investors, LP	4303 Island Ave.	■ Add
		Austin, TX 78731	Remove
		-	Change
	-		Add
			□ Remove
			Change
			Add
			Remove Change
<u>. </u>			Change Change
			Change
			□ Remove
			Change
			Add
		,	Remove
			☐ Change

•		r change(s) here: (Attach additional sheet	ts, if necessary.)
-		" "	
<u></u>			
(If an effect Note: If document	ve date is listed, the date must be specific the date inserted in this block does not seffective date on the Department of		days after filing.) Pursuant to 605.0207 (3)(b nents, this date will not be listed as the
	d specifies a delayed effectiv Oth day after the record is file	e date, but not an effective time, at ed.	12:01 a.m. on the earlier of:
Dated	ay 13	2015	
	Signature o	f a member or authorized representative of a memb	FE TO THE TOTAL PROPERTY OF THE PERSON OF TH
	Colin C. Laitner, authorized repres		\$ \frac{1}{2} \fra
		Typed or printed name of signee	OF STATE
		Page 3 of 3	TATE ORIDA

Filing Fee: \$25.00