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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

APR 20 2011

EXAMINER

COVER LETTER

TO: Registration S Division of Co						
SUBJECT:		stment Company, LLC				
	f Amendment and fee(s) are sub	ū				
Please return all corresp	ondence concerning this matter	to the following:				
		Ann M. Joslin				
		Name of Person				
David, Kamp & Frank, L.L.C.						
739 Thimble Shoals Boulevard, Suite 105				SEC	2011	www.nobella.
		Address		RETARY	쪽	
Newport News, VA 23606					19	
		City/State and Zip Code			2011 APR 19 AM 11 00	
	ation)	OF STATE EE, FLORIDA	00			
For further information	concerning this matter, please of	call:				
Ann M. Joslin		at (95-4500			
Name	of Person	Area Code & Daytime	Telephone Number	r		
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)	Certified	ite of Stat		osed)

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

Woodsh	ire Investme	ent Company	, LLC			
(<u>Name of the Limited</u> (A	Liability Compar Florida Limited L	<mark>ny as it now appear</mark> Liability Company)	's on our records.)			
The Articles of Organization for this Limited Li Florida document numberL11000040		were filed on	April 5, 2011	and assigned		
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited liab	ility company her	<u>re</u> :			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Compa	ny," the designation			
Enter new principal offices address, if applications	able:	1500 Ocean	Drive	ARETA TO		
(Principal office address MUST BE A STREET ADD		Suite 1105		RY SEE		
		Miami Beach	, FL 33139	FF 3		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	1500 Ocean Suite 1105	Drive	PR 9 AM 1 00 ETARY OF STATE HASSEE, FLORIDA			
	Miami Beach, FL 33139					
B. If amending the registered agent and/or registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	fice address her	<u>e</u> : 		r the name of the new		
New Registered Office Address:	1500 Ocean Drive, Suite 1105 Enter Florida street address					
	1.4	Miami Beach		20420		
	141	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 <u>Address</u> Type of Action <u>Title</u> <u>Name</u> ☐ 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.) April 15 2011 Dated _____ Signature of a member or authorized representative of a member Paul C. Jost Typed or printed name of signee

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Filing Fee: \$25.00