- L11000	077269
(Requestor's Name) (Address) (Address)	300210070643
(City/State/Zip/Phone #)	07/20/1101028009 **25.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: A. LUNT	FILED 2011 JUL 20 PM 2 50 SECRETARY OF STATE TALLAHASSEE. FLORIDA
JUL 21 2011 EXAMINER	

Office Use Only

COVER LETTER

то;	Registration Section	
	Division of Corporations	

OCGAN POINT 2208, LLC Name of Limited Liability Company SUBJECT: _

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Ra	55 ZALICIND		_	
	Rosant	Name of Person TELD + ZACKIND, (2.		
	Hol Sus.	Firm/Company MINAW STRS47, 2 Address	57E 00	_	
		Address $\frac{DUD}{City/State} = \frac{FL}{S} \frac{3}{2} \frac{3}{2} \frac{1}{2} \frac{1}{City/State}$ $\frac{G}{D} \frac{Dafamericatifle.com}{Dafamericatifle.com}$ to be used for future annual report notifies		2011 JUL 20 SECRETARY FALLAHASSE	
For further information concernin		call:		L 20 PH 2	
Name of Person		at (<u>959)6_20-11</u> Area Code & Daytime 7	100 Felephone Numbe	and so a	\sim
Enclosed is a check for the follow	ing amount:				
	0.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	sed)
MAILING AD	DRESS:	STREET/COURIEI	R ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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2			
OCEAN POINT 2208,	21 C		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)		
	,		
The Articles of Organization for this Limited Liability Company	were filed on 07/05/2011	and as	signed
Florida document number <u> </u>			
·			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here:		
The new name must be distinguishable and end with the words "Limite" "L.L.C."	ed Liability Company." the designation "	'LLC'' or the	abbreviation
Enter new principal offices address if applicable:	, i i i i i i i i i i i i i i i i i i i	28 28 28	
(Principal office address MUST BE A STREET ADDRESS)	2		
		A N	
Enter new mailing address, if applicable:	, T		1 I I
(Mailing address MAY BE A POST OFFICE BOX)			
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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	······································	
New Registered Office Address:	Enter Florida	stræt address
	, F	lorida
	Chy	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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of
MERM	RUDINEL J. DEMORE	17375 Cours Aus Alt # 7208 Survey Ists Reden, E Billio	Add Remo
MCRM	ELISABEL MARISA DEMORE	17375 COLLINS AND ANT A 7208 Sunay MIST REACH, AL 3216 1	Add Remo
			Add Remo -
			Add TRemo
		TALLAHASSEE	
D. If amend	ing any other information, enter change(s) l	here: (Allach additional sheets, if necessary)	
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Dated Ju	4. 9, 2011 - D		
	* Rudindiz Ju Typed or prin	accord representative of a momber OSE DEMORE ted habite of signer e 2 of 2	
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