## 11000080565

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TALLAHASSEE, FLORID

B. BOSTICK

JUL 19 2011

## **COVER LETTER**

i(O:	Division of Co		i,		
SUBJE	·CT·	151 OCEA	N AVENUE, LLC,		
SUBJE	<u> </u>		ited Liability Company		
The end	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please r	return all corresp	ondence concerning this matter	to the following:		
			BO TAO		
			Name of Person		
		151	OCEAN AVENUE, LLC,		
			Firm/Company		
	6654 VILLA SONRISA DRIVE, APT 424				
			Address		
		BC	OCA RATON, FL 33433		TAL SE
		1510	City/State and Zip Code CEANAVE@GMAIL.COM		ALLAHASS.
		E-mail address: (	to be used for future annual report notif	ication)	0 .
For furt	her information	concerning this matter, please of	eall:		
	21	BO TAO	at \	601-5108	PH 7: 02
	Name	of Person	Area Code & Daytim	e Telephone Number	
Enclose	d is a check for t	the following amount:			
<b>₹</b> 25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	) Certified	te of Status &
	Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

151 OCEAN A	<u> AVENUE LLO</u>			
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appear d Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Compa	ny were filed on	07-13-2011	and assigned	
Florida document number <u>L11000080565</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company her	<u>'e</u> :		
The new name must be distinguishable and end with the words "Li	imited Liability Compa	iny," the designation "L	LC" or the abbreviatic	
'L.L.C."		., -		
Enter new principal offices address, if applicable:				
<u>Principal office address MUST BE A STREET ADDRESS)</u>		Ä	,	
		ر : حق احد		
		S. Cr.	(1) (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
Enter new mailing address, if applicable:		ूँगा च		
Mailing address MAY BE A POST OFFICE BOX)				
		g Z	7: 02 NAIE	
		Þ	>	
3. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, <u>enter th</u>	e name of the nev	
egistered agent gud/or the new registered office address in	<u>c. c.</u>			
Name of New Registered Agent:		***************************************		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·			
	Enter Florida street address			
	Cin	, Florida	Zip Code	
	City		Zip Coae	

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>Title</u>	<u>Name</u>	Address	Type of Action				
MGRM	DaVinte Hospitality Group	P.O. Box 690295 Orlando FL 32869	Add Remove				
<u>MGRM</u>	David Holzapfel	7787 SNOWBERRY CIRCLE ORLANDO, FL. 33819	Add □ Remove				
			Add Remove				
			Add Remove				
	<del></del>		Add Remove				
			Add Remove				
D. If amendin	g any other information, enter change(s	here: (Attach additional sheets, if necessary.)					
		TALLAHASS E. F. OR	FILED 11 JUL 18 PM 7:02				
Dated	JULY 13 , 2011	A A	- )?				
Signature of a member or authorized representative of a member							
BO TAO Typed or printed name of signee							
	1 yped or	printed name of signee					

Page 2 of 2

Filing Fee: \$25.00