110000113

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
		:		

Office Use Only

G. MCLEOD

AUG 17 2011

EXAMINER



100211041781



11 AUG 15 PN 1:22

COVER LETTER

TO: Registration Solution of Con	
SUBJECT:	DCEAN PEARL 3406, LLC
Sobbet.	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspondent	ondence concerning this matter to the following:
	JASON S WEISS Name of Person
	SMITH + VERBIT, PL Firm/Company
	гипи/сопірану
	9900 STIRLING RD, # 303
	Address
	Cooper City, FL 33024 City/State and Zip Code OASON - WEISS @ SMITH VERBIT COM E-mail address: (to be used for future annual report notification)
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information of	concerning this matter, please call:
JASON (DE(SS at 954) 965 8350 Area Code & Daytime Telephone Number
Name o	of Person Area Code & Daytime Telephone Number
Enclosed is a check for the	
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

OCEAN PEARL	3406, LLC				
(Name of the Limited Liabili (A Florida	ty Company as it now appear Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 7_3	8/5/2011	and ass	igned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company her	<u>·e</u> :			
The new name must be distinguishable and end with the well.L.C."	ords "Limited Liability Compa	my," the designation	'LLC" or the a	bbreviation	
Enter new principal offices address, if applicable:			~~ t		
(Principal office address MUST BE A STREET ADD	RESS)		产州 二		
				9 (
			(4) T	* 180-186-2 g-43-6-90 T	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)				1	
			2 2		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, <u>enter</u>	the name o	f the new	
Name of New Registered Agent:					
New Registered Office Address:		Con Florida	duaga		
	Enter Florida street address				
	, Florida,		Zip Code		
	City		Lip Colle	•	

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 Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> Name | <u>Address</u> Type of Action Tropical Holdings Group LC 9900 Stiling
Scirt 302 Cooper City,

Tropical Management Group LC 3220 S. Jena
Landerdale by MGRM MGRM ☐ Add ∏ Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated August 11 , 20 H ... Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00