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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ocean Pearl 3408 LLC Name of Limited Liability Company
•
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jason Weiss Name of Person
Smith & Verbit, PL
9900 Stirling Rd 4 303
Coper City, F2 33024 City/State and Zip Code Dason. Weiss @ smith verbit. com E-mail address: (to be used for future annual report notification)
Dason. Weiss @ smith verbit. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Name of Person Name of Person Name of Person Area Code & Daytime Telephone Number
Audi etae te buyume relepione rannon
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) \$60.00 Filing Fee, 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 Pear	l 3408	, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite				
The Articles of Organization for this Limited Liability Compa Florida document number <u>LIIOOCC9018</u> 4	any were filed on	August V, 2011 an	nd assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability company here	:		
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Compan	y," the designation "LLC" or	r the abbreviation	
Enter new principal offices address, if applicable:			= 0	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	D:	9 7	
		SSE	22	
		Fig	AM II: 2	
Enter new mailing address, if applicable:		FLUST	=	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	27	
		Ī	-	
P. If amonding the registered agent and/on registered	affice address on a	· · · · · · · · · · · · · · · · · · ·	me of the name	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ir records, <u>enter the nai</u>	me of the new	
Name of New Registered Agent:				
New Registered Office Address:				
Ten registered Office Addiess.	Enter Florida street address			
		, Florida		
	City		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 Type of Action **Title** Name Address M 100 Holdings LLC 9900 Stirling Rd #303 Add Remoder Dr. Jürgen Stadler Birkenstr. 20 Add Remoder Germany Rad Säckingen Remoder Remode MGRM MGRM ☐ Add ☐ Remove Add Remove ∏Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated October 21 Signature of a member or authorized representative of a member kai Stadler Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00