

L12000022514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

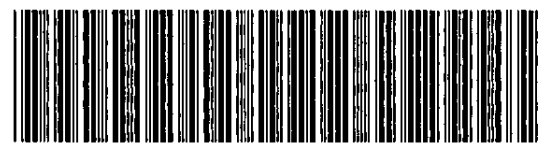
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TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
MAY 23 2012

GUTTENMACHER, BOHATCH & PEÑARANDA, P.A.
ATTORNEYS AT LAW

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PRACTICE LIMITED TO
PROBATE, ESTATE PLANNING,
BUSINESS PLANNING & TAXATION

† FLORIDA CERTIFIED PUBLIC ACCOUNTANT
* LL.M. TAXATION

KEY WEST OFFICE
GULFVIEW POINTE
2647 GULFVIEW DRIVE
KEY WEST, FLORIDA 33040

TELEPHONE (305) 294-1521
TELEFAX (305) 292-4016

PLEASE REPLY TO:
SOUTH MIAMI

May 18, 2012

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

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

RE: Articles of Amendment

To Whom It May Concern:

Enclosed please find for filing the Articles of Amendment for each of the following entities:

1. 2241 Partners, LLC;
2. 1646 Partners, LLC; and
3. Oediv Holdings, LLC.

Also enclosed is our Firm's check in the amount of \$75.00 representing the total filing fees for the above entities (\$25.00 each).

Please file these Amendments and return a date stamped copy of each Amendment to our office in the self-addressed stamped envelope provided herein.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

GUTTENMACHER & BOHATCH, P.A.


JOHN S. BOHATCH, ESQ.

JSB/lmf
Enclosures

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CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2241 PARTNERS, 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:

JOHN S. BOHATCH

Name of Person

GUTTENMACHER, BOHATCH & PENARANDA, P.A.

Firm/Company

7301 SW 57TH CT, SUITE 560

Address

SOUTH MIAMI, FL 33143

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JOHN S. BOHATCH

Name of Person

at (305)

666-1040

Area Code & Daytime Telephone Number

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, Certificate of Status & 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**

2241 PARTNERS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 15, 2012 and assigned
Florida document number L12000022514.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4045 Sheridan Avenue, #240

Miami Beach, FL 33140

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4045 Sheridan Avenue, #240

Miami Beach, FL 33140

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

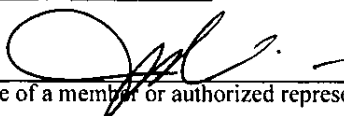
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated May 17, 2012



Signature of a member or authorized representative of a member
Jean Marie Echemendia

Typed or printed name of signee