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COVER LETTER

	gistration Sec rision of Corp			
SUBJECT:	1370 SOUT	'H OCEAN, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Stuart I. Grossman		
			Name of Person	
		Levine Kellogg Lehman S	chneider + Grossman LLP	
			Firm/Company	
		201 South Biscayne Boule	vard - 22nd Fl.	
			Address	
		Miami, FL 33131		
			City/State and Zip Code	
		SIG@LKLSG.COM	to be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please of	·	icanion
Stuart I. Gre	ossman		305 403-8788 at ()	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.001	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 Tullahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1370 SOUTH OCEAN, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on 2-22-2012	and assigned
Florida document number L12000025680	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the al	observation "L.L.C."
Enter new principal offices address, if applicable:		······································
(Principal office address MUST BE A STREET ADDR	RESS)	
		N G
Enter new mailing address, if applicable:		ယ ငွဲ့ဦး
(Mailing address MAY BE A POST OFFICE BOX)		7 R R R R R R R R R R R R R R R R R R R
		2 AN
		5
B. If amending the registered agent and/or registered agent and/or the new registered office address.		
Name of New Registered Agent:		<u>.</u>
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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	EDWARD LEEVAN	95 North County Road	☐ Add
		Palm Beach, FL 33480	■ Remove
			Change
MGR	SARAH NILSEN	95 North County Road	■ Add
		Palm Beach, FL 33480	□ Remove
			☐ Change
			
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
		 	□ Add
			☐ Remove
			Change

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ective date, if other than the date of effective date is listed, the date must be spec- te: If the date inserted in this block does nument's effective date on the Departme	fic and cannot be prior to dat a not meet the applicable s	e of filing or more than 90 day	(optional) is after filing.) Pursuant to 605. ts, this date will not be liste
record specifies a delayed effecthe he 90th day after the record is	ive date, but not an îled.	effective time, at 12	:01 a.m. on the earlie
ed June Le			
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Filing Fee: \$25.00