

Apr. 2012 2 2

L120000 40912

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Florida Department of State
Division of Corporations
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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : RITTER, ZARETSKY, LIEBER & JAIME, LLP
 Account Number : I20010000015
 Phone : (305)372-0933
 Fax Number : (305)704-8111

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CG TIDES VILLAGE LLC**

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APR 24 2012

T. HAMPTON

Apr. 23. 2012 2:42PM

No. 2701 P. 2

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CG TIDES VILLAGE 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:

OREN LIEBER, ESQ.
Name of Person

RITTER ZARETSKY LIEBER & JAIME
Firm/Company

2915 BISCAYNE BLVD., SUITE 300
Address

MIAMI, FLORIDA 33137
City/State and Zip Code

OLIEBER@RZLLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OREN LIEBER, ESQ. at (**305**) **372-0933**
Name of Person 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

Apr. 23. 2012 2:43PM

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

No. 2701 P. 3
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 23 AM 8: 06

CG TIDES VILLAGE 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 3/23/2012 and assigned
Florida document number L12000040912

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

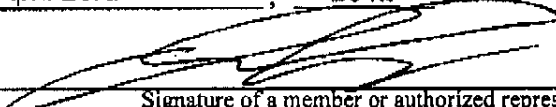
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JOSEPH CHETRIT	2915 BISCAYNE BLVD. SUITE 300 MIAMI, FLORIDA 33137	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	392 FIFTH LLC, a New York Limited Liability company	512 7th Avenue 15th Floor New York, NY 10018	<input checked="" 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.)

Dated April 23rd, 2012



Signature of a member or authorized representative of a member

Oren Lieber, Authorized Agent

Typed or printed name of signee

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 12 APR 23 AM 8:04