

Oct. 3, 2013

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#L12000054750

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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 II LLC**

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K. SALY
EXAMINER
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CG TIDES VILLAGE II 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 LLP

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.

Name of Person

at **(305) 372-0933**

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 &
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\$60.00 Filing Fee,
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(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

FILED
13 OCT -3 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CG TIDES VILLAGE II 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 4/23/2012 and assigned
Florida document number L12000054750

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)

C/O OREN LIEBER, ESQ.
2915 BISCAYNE BLVD., SUITE 300
MIAMI, FLORIDA 33137

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2915 BISCAYNE BLVD.
SUITE 300
MIAMI, FLORID A33137

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: OREN LIEBER, ESQ.
New Registered Office Address: 2915 BISCAYNE BLVD., SUITE 300
Enter Florida street address
MIAMI, Florida 33137
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

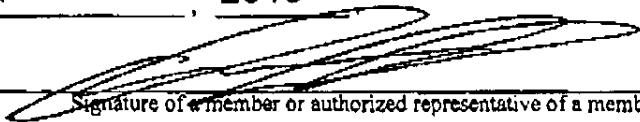
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	VENTOUX HOLDINGS LLC	C/O VENTOUX HOLDINGS MANAGEMENT LLC	<input type="checkbox"/> Add
		80 RIVERSIDE BLVD, UV	<input checked="" type="checkbox"/> Remove
		NEW YORK, NY 10069	
MGRM	MEYER CHETRIT	512 7TH AVENUE	<input checked="" type="checkbox"/> Add
		15TH FLOOR	<input type="checkbox"/> Remove
		NEW YORK, NY 10018	
			<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 October 3rd, 2013



Signature of a member or authorized representative of a member

Oren Lieber, Authorized Representative

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00