113000037365

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T. Burch OGT

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: OCEANVI'EN 805 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:
Sarjun Name of Person
Firm/Company
2312 Indian Ridge Drive
Glenniew, IL 60026
Glenview, IL 60026 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sacjun Name of Person at (847) 338 - 7580 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status 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

Oceanules 805	LLC	
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 13000037365	y were filed on March 12,2	1013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and end with the words "Limited Lis	ability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		TALL SE
(Principal office address MUST BE A STREET ADDRESS)		AR O
		- SSC - 7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		ORIO D.
		<u>></u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	, Florida City	2ip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as	te performance of my duties, and I	am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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.

dending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or athorized Member being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Journan Nover	4001 North Ocean Avenue	XAdd
		B 604	
		Boca Raton, FL 33431	
			Add
			Remove
			SECR TAPLA
			14 OCL 17 SECRETARY TALLARY
			Remove
			EE FLORIDA
			□ Add
			□ Remove
			_
			C] Add
			Remove
	1		D Add
			□ Remove

ective date, if other th	an the date of filing:	(optional)
ective date, if other the effective date must be specified	an the date of filing: fic, cannot be prior to date of receipt or filed date and cannot be prior to date of the date of	(optional) not be more than 90 days after
ective date, if other the effective date must be specified to date this document is filed by	an the date of filing: fic, cannot be prior to date of receipt or filed date and cannot be Prior to date of State)	(optional) not be more than 90 days after
date this document is filed b	y the Florida Department of State)	(optional) not be more than 90 days after
ective date, if other the effective date must be special date this document is filed be ded	by the Florida Department of State)	(optional) not be more than 90 days after
date this document is filed b	y the Florida Department of State)	(optional) not be more than 90 days after
date this document is filed b	by the Florida Department of State)	
date this document is filed b	Signature of a member or authorized representa	tive of a member
date this document is filed b	by the Florida Department of State)	tive of a member

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Filing Fee: \$25.00

SECRETARY OF STATE TALLAHASSEE, FLORIO