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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Se Division of Cor		
SUBJECT:	OCEAN ONL 308 LL(Name of Limited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	andence concerning this matter to the following:	
	ARIS TERUBE Name of Person	
	OCEN ONL 309 Firm/Company	3 <u>((C</u>
	1717 D. BAYLONE DR. Address	Suite 213
	MIAM! - City/State and Zip Code	73132
	E-mail address: (to be used for future annual	heafey. Coll report notification)
For further information	concerning this matter, please call:	ACCER 13 JU
(hais Name o	TERVBE at (B19) 3	2 & Daytime Telephone Number S
Enclosed is a check for t	he following amount:	E P ST
\$25.00 Filing Fee	U\$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is	Certificate of Status &

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

OCEAN)	OUR 308 6	(C	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on (ed Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Comparing Land document number 1/3000 42939	any were filed on	Mch 21, 2013 an	d assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company here:		
The new name must be distinguishable and end with the words "L".L.C."	Limited Liability Company,"	the designation "LLC" or	r the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	0		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered	d office address on our l	SECRETARY OF STA	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	here:	Dm	Me of the new
Name of New Registered Agent:			
New Registered Office Address:	Futor F	Torida street address	
	Linter 1		
	City	, Florida 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

	Name	Address	Type of Action
MGRM	JJN IRREVOCAble Prust	1717. N. BAYGLONE DR	X Add
		Soite 213,	Remove
,	1,	MIANI, FL 33132	
MGR	HenGrand iNC	1717 N. BUYChose OR.	Add
		Svite 213	Remove
		MiANI. Fl 33132	
			Add
			Remove
		0,2	
		NLLAH LLAH	Add
		LAHASSEE	Remove
		FLORIDA	
		DA A	Add
			Remove
			Remove
			- □
			Add
			Remove

amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	
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	10/4 5 . 2013.
	See .
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 JUL 11 MI II: 20
SECRETARY OF STATE
TALLAHASSEE, FLORID,