

L/3000075553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

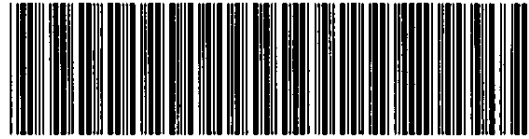
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

Office Use Only



700252244147

10/21/13--01003--022 **25.00

FILED
13 OCT 21 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/23/2013 3:04 PM

[Handwritten signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Treasure Island Palms 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:

Candi Klotzbach
Name of Person

Treasure Island Palms LLC
Firm/Company

5801 Ulmerton Road, Ste. 200
Clearwater, FL 33760 Address

City/State and Zip Code
cklotzbach@tjmproperties.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Candi Klotzbach at (727) 683 1200
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Treasure Island Palms 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 5/23/2013 and assigned
Florida document number L13000075553.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Treasure Island Ocean Club LLC

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:

N/A - same as previous

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A - same as previous

(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

FILED
13 OCT 21 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

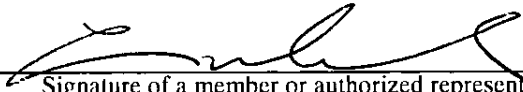
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 OCT 21 PM 3:04
FILED
Add
Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Five horizontal lines for amending information.

Dated 10/17/13



Signature of a member or authorized representative of a member

Terence MCCARTHY

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
13 OCT 21 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA