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B. BOSTICK

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EXAMINER

TO:

**Registration Section** Division of Corporations

SUBJECT: 7330 TS-C OCEAN TERRACE,

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:

ROBERT L. KLINE

Name of Person

MOORE & KLEIN, P.A. KLINE,

Firm/Company

2600 South Douglas Road, Suite 902

Address

Coral Gables, FL 33134

City/State and Zip Code

INVESTMENTS@MATHEYSLANE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT L. KLINE

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

| 7330 TS-C OCEAN TERRA<br>(Name of the Limited Liabil)           | CE, LLC  ity Company as it now appears on our re a Limited Liability Company) | cords.)                              |
|---|---|--------------------------------------|
| (A Florid   | a Limited Liability Company)  |                                      |
| The Articles of Organization for this Limited Liability (       | Company were filed on <u>03/11/2</u>  | and assigned                         |
| Florida document number <u>L14000040663</u>                     | <u>_</u> .  |                                      |
| This amendment is submitted to amend the following:             |   |                                      |
| A. If amending name, enter the new name of the lim              | nited liability company here:   |                                      |
| The new name must be distinguishable and end with the words "Li | imited Lighility Company "the decimation                                      | "I.I.C" or the abbreviation "I.I.C." |
| -   | miled Diability Company, the designation                                      | LLC of the address and L.E.C.        |
| Enter new principal offices address, if applicable:             |   |                                      |
| <u>Principal office address MUST BE A STREET ADDI</u>           | <u>RESS)</u>  |                                      |
|   |   |                                      |
|   |   |                                      |
| Enter new mailing address, if applicable:                       |   | 122 = T                              |
| • • • •   |   | . e _ m                              |
| Mailing address MAY BE A POST OFFICE BOX)                       |   |                                      |
|   |   | 22 22                                |
|   |   |                                      |
| 3. If amending the registered agent and/or regis                |   | ords, enter the name of the          |
| egistered agent and/or the new registered office add            | <u>lress here</u> :   |                                      |
|   |   |                                      |
| Name of New Registered Agent:                                   | ·   |                                      |
|   |   |                                      |
| New Registered Office Address:                                  | Enter Florida street ac   | ddraes                               |
|   | ismer i torida sireet di  | im. con                              |
|   |   | , 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>            | Address   | Type of Action |
|--------------|------------------------|---|----------------|
| M <u>GR</u>  | WAY FL INVESTMENTS, LL | C One W. Exchange St., 4th<br>Floor, Providence, RI 029 | ×⊠ Add         |
|              |                        |   | Remove         |
| M <u>GR</u>  | WAY INVESTMENTS, LLC   | One W. Exchange St., 4th Flr<br>Providence, RI 02903    | <u>.</u> □ Add |
|              |                        |   | _x∏ Remove     |
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