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B. SOSTICK

JUL - 1 2014

FOR ANIMER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Ocean Lane Capital GP 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:

	Daniel Rotte			
		Name of Person		
		Firm/Company		
	1541 Bricke	I Ave #3206		
		Address		
	Miami, FL 3	3129		
City/State and Zip Code				
	daniel@oceanlar	•	•	
	E-mail address: (to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please ca	all:	C	
Daniel Rott	enberg	_{at} 305, 814-24	404	
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	he 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

Ocean Lane Capital GP LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on June 24, 2014	and assigned
Florida document number L14000100591	_ ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
Ocean Lane Holdings LLC		
The new name must be distinguishable and end with the words "I	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 ADD	ORESS)	
(1 metput office unit ess mess BETT STREET TEE	7.7.0557	
		* ***
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
Unuting dudiess MAT BE A FOST OFFICE BOX		
B. If amending the registered agent and/or reg	ristered office address on our records enter	the name of the nev
registered agent and/or the new registered office ad		the name of the nev
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 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:

<u>tle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			_
			□ Remove
			_ □ Add
			Remove
			Add
			☐ Remove
			Add

D.	If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	_	
	_	
	_	
	_	
	_	
E.	Effecti (The effe	ve date, if other than the date of filing:
	Dated	June 24, 7914.
		PH
		Signature of a member or authorized representative of a member
		Panie Rottenberg
		Typed or printed name of signee

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Filing Fee: \$25.00