Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H150002319123)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone

: (323)962-8600

Fax Number

: (323)962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Addres	8	÷
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OCEAN PARKWAY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
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SEP 29 2015

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Corporate Filing Menu

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TO:

Registration Section

COVER LETTER

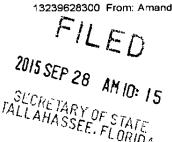
Divi	sion of Corp	orations		
eim iect.	Ocean Park	way, LLC		
SUBJECT:		Name of Limi	ted Liability Company	Annual continuos properties and annual continuos
The enclosed	Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		100 W. Broadway Suite	100	
			Address	
		Glendale, CA 91210	•	
			City/State and Zip Code	
		goldinrivin@gmail.com		
		B-mail address: (t	o be used for future annual report notif	leation)
For further in	formation cor	ncerning this matter, please ca	11 :	
Imelda Vasc	juez.		323 962-8600 es	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a	oheck for the	following attnount:		
□ \$25.00 Fi	ling Fec	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy to 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



Zip Code

Ocean Parkway, LLC		CORIDA
(Name of the Limited Li (A F	ability Company as it now appears on our records.) orda Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ty Company were filed on 9/17/15	and assigned
Florida document number L15000150355		
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
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	<u> </u>	
(Principal office address MUST BE A STREET A)	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
	4,,,,,	100
B. If amending the registered agent and/or r registered agent and/or the new registered office:		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da

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.

City

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>	Name	Address	Type of Action
AMBR	Margaret Rivin	225 Broadway, Suite 1015	⊠ Add
		New York, NY 10007	□ Remove
	·····		□ Add
	4		TALLAHASSEE FOORIO
			☐ Add
			□ Add
			□ Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E.	Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	Dated 09/24/2015
	Signature of a member or authorized representative of a member
	Julia Rivin
	Typed or printed name of signee

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Filing Fee: \$25.00

FILED
2015 SEP 28 AM 10: 15
SECRETARY OF STATE
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