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EYANAMA

COVER LETTER

TO: . Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations				
SUBJECT:	OCEAN PUKI LLC			
	Name of Limi	ted Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	LORENA KIPERSHMIT			
		Name of Person		
	OCEAN PUKI LLC			
		Firm/Company		
	1;	1360 STILLWATER DR		
		Address		
	MI	AMI BEACH FL 33141		
		City/State and Zip Code		
	DI E-mail address: (uepandp@gmail.com to be used for future annual report notifi	cation)	
For further information	concerning this matter, please c	rall:		
LORE	NA KIPERSHMIT	at (305)	490 7942	
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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations		STREET/COURIE Registration Section	n	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION SECRETARY OF STATE OF OF

11 JUN -8 AM N: 32

	OCEAN PUKI LLC	
(<u>Name of the Limited</u>) (A	Liability Company as it now appea Florida Limited Liability Company)	irs on our records.)
The Articles of Organization for this Limited Lia Florida document number L080000203	• •	JULY 30, 2008 and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ıble:	
(Principal office address MUST BE A STREET	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E	<u></u>	
B. If amending the registered agent and/o registered agent and/or the new registered off		our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	E	nter 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 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 **Type of Action** Address Title Name MGR LORENA KIPERSHMIT 1360 STILLWATER DR ✓ Add Remove MIAMI BEACH FL 33141 ☐ Add Remove ☐ Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member **DANIELA URZI** Typed or printed name of signee

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Filing Fee: \$25.00