Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000110864 3)))



H150001108843ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : TAXLEAF.COM INC

Account Number : 120140000084

: (305)541-3980

Fax Number

: (305)541-7033

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

🚧 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OCEAN SHELL USA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

N. Cultgan

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2015 MAY -6 AN 8: 07 SECRETARY OF STATE TALLAHASSEE, FLORIDA

OCEAN SHELL USA, LL		
(Name of the Lin	nlted Liability Company as it now appea (A Florida Limited Liability Company)	irs on our records.)
The Article of Organization for this Limited Florida does ment number L10000104083	Liability Company were filed on 1	0/04/2010 and assigned
This amend nent is submitted to amend the fo	llowing:	
A. If amea ling name, enter the new name	of the limited liability company b	<u>iere</u> :
The new name outst be distinguishable and end with the	ic words "Limited Liability Company," the	edesignation "LLC" or the abbreviation "L.L.C."
Enter new rincipal offices address, if appl	icable:	
(Principal & )îve address MUST BE A STRE	ET ADDRESS)	
Enter new 1 1a ling address, if applicable:		
(Mailing a   Trips MAY BE A POST OFFICE	E BOX)	
B. If am: ding the registered agent an registered a left and/or the new registered		n our records, enter the name of the new
N1 is of New Registered Agent:	ACCOUNTANT & MANA	AGEMENT INC
No 1 Cogistered Office Address: 1549 NE 123RD ST		
		ortda street address
	NORTH MIAMI	, Florida 33161 Zip Code
New Register and Agent's Signature, if changing	•	
I hereby accept the appointment as register provisions: `all statutes relative to the pro- accept the religations of my position as region being filed to merely reflect a change in the company has been notified in writing of this	per and complete performance of gistered agent as provided for in eregistered office address, I here is change.	Chapter 605. F.S. Or, if this document is

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authoriz: Member being added or removed from our records: MGR = . lanager AMBR = .uthorized Member Title Name <u>Address</u> Type of Action \_D Add \_\_\_\_\_ Remove \_\_\_\_ □ Add \_\_\_\_\_ 🖂 Remove \_\_\_\_\_ Remove \_\_\_ D Add \_\_\_\_\_ Remove

## H15000110864 3

If imending any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)
Et active date, if other than the date of filing (1) ellective date must be specific, cannot be prior to dut) to dete this document is filed by the Florida Department.	ite of receipt or filed date and cannot be more than 90 days after
Es xi APRIL 21	2015
Lawren	Tel .
BARBARA ZIGANN	member of authorized representative of a member
	Typed or printed name of signee

Page 3 of 3