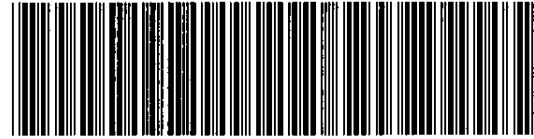


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

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(Document Number)

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JUL 18 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OCEAN RESTORATION USA II, 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:

YOVANI GAMEZ
Name of Person
OCEAN RESTORATION USA II, LLC.
Firm/Company
7510 NORTH SAINT VINCENT ST.
Address
TAMPA, FLORIDA. 33614
City/State and Zip Code
OCEAN_CONSTUSA@YAHOO.ES
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

YOVANI GAMEZ at (813) 458-3937
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**

OCEAN RESTORATION USA II, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/20/2011 and assigned Florida document number L11000059842.

This amendment is submitted to amend the following:

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:

7510 NORTH SAINT VINCENT ST.

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FLORIDA. 33614

Enter new mailing address, if applicable:

7510 NORTH SAINT VINCENT ST.

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FLORIDA. 33614

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

YOVANI GAMEZ

New Registered Office Address:

4201 W. HAMILTON AVE

Enter Florida street address

TAMPA

City

Florida

33614

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 Changing Registered Agent, Signature of New Registered Agent

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FALLAHASSEE

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<input type="checkbox"/> Add	<input type="checkbox"/> Remove
P	WILFREDO RODRIGUEZ	6608 NORTH BLOSSOM AVE TAMPA, FLORIDA 33614	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGR	SERGIO LUIS FERRER	7510 NORTH SAINT VICENT ST. TAMPA, FLORIDA 33614	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P	YOVANI GAMEZ	4201 W. HAMILTON AVE. TAMPA, FLORIDA 33614	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MGR	OSBEL REYES BARBOSA	6014 N. OLIVE AVE. TAMPA, FLORIDA 33614	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MGR	LAZARO DOMINGUEZ	6417 NORTH BLOSSOM AVE TAMPA, FLORIDA 33614	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

A.- YOVANI GAMEZ WAS DESIGNATED AS A PRESIDENT OF OCEAN RESTORATION USA II, LLC.

Dated 13 JULY, 2011



 Signature of a member or authorized representative of a member

YOVANI GAMEZ

 Typed or printed name of signee