LECCOCO9040

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phon	e #)
(Address) (City/State/Zip/Phone #)	MAIL	
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(Doc	ument Number)	,
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COVER LETTER

Division of Cor	rporations				
SUBJECT: 1110 SOU	JTH OCEAN LLC				
Schalet.	Name of Limited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.				
Please return all correspo	condence concerning this matter to the following:				
	FRANCISCO J. GONZALEZ, ESQUIRE				
	Name of Person				
	GONZALEZ, SHENKMAN & BUCKSTEIN, P.L.				
Firm/Company					
	1035 SOUTH STATE ROAD 7, SUITE 312				
	Address				
	WELLINGTON, FL 33414				
	City/State and Zip Code				
	FGONZALEZ@GSBLAWFIRM.COM				
	E-mail address: (to be used for future annual report notification	on)			
For further information c	concerning this matter, please call:				
FRANCISCO J. GONZA					
Name o	at () of Person Area Code Daytime Tele	ephone Number			
Enclosed is a check for the	the following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

TO:

Registration Section

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

1110 SOUTH OCEAN LLC						
(Name of the Lin	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Florida document number L15000009040	Liability Company	were filed on 01/15/2015	and assigned			
This amendment is submitted to amend the fo	llowing:					
A. If amending name, enter the new name	of the limited liab	ility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."			
Enter new principal offices address, if appli	icable:	1035 South State Road 7, Suite 312				
(Principal office address MUST BE A STREET ADDRESS)		Wellington, FL 33414				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Wellington, FL 33414	2			
B. If amending the registered agent and registered agent and/or the new registered			nter the name of the r			
Name of New Registered Agent:	GSB CORPOR	ATE SERVICES, LLC				
New Registered Office Address:	1035 South Sta	te Road 7, Suite 312	9 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
		Enter Florida street address	DM W			
	Wellington	, Florid				
		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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	The Cantor Group Corporate Servic	2601 South Bayshore Dr.	□ Add
		Suite 1800	■ Remove
		Miami, FL 33133	□ Change
MGR	GSB Corporate Services, LLC	1035 South State Road 7	_ ■ Add
		Suite 312	☐ Remove
		Wellington, FL 33414	□ Change
			☐ Add
			□ Remove
			☐ Change
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	he date inserted in this						
cument	's effective date on the	Department of	State's records.				
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		Signature of a	member or authori	zed representative of a	member	100 b	- [
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			rancisco J. Gonza			FIG A	ן ז כ

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Filing Fee: \$25.00