

L20000034429

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2021 OCT 25 AM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 685 MILLER DRIVE 207E, 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:

DANIELLE CLARK, ESQ.

Name of Person

D. CLARK LAW, PLLC

Firm/Company

90 STATE STREET, STE 700, OFFICE 40

Address

ALBANY, NEW YORK, 12207

City/State and Zip Code

INFO@DCLARKLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danielle Clark, Esq.

786

346-3462

at ( )

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

685 MILLER DRIVE 207E, LLC

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

**FILED**  
2021 OCT 25 AM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

The Articles of Organization for this Limited Liability Company were filed on January 28, 2020 and assigned

Florida document number L20000034429.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

OCEAN PROTOCOL, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7901 4th St N, STE 300

**(Principal office address MUST BE A STREET ADDRESS)**

St. Petersburg, FL 33702

Enter new mailing address, if applicable:

7901 4th St N, STE 4000

**(Mailing address MAY BE A POST OFFICE BOX)**

St. Petersburg, FL 33702

**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:

Registered Agents Inc

New Registered Office Address:

7901 4th St N, STE 300

*Enter Florida street address*

St. Petersburg

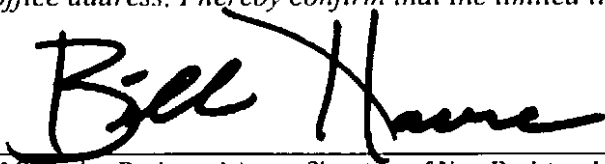
*City*

Florida 33702

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	Diane Clark	570 Raven Avenue	<input checked="" type="checkbox"/> Add
		Miami Springs, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Diane Clark	570 Raven Avenue	<input checked="" type="checkbox"/> Add
		Miami Springs, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 18, 2021

  
Signature of a member or authorized person

Signature of a member or authorized representative of a member

**Danielle Clark, Member**

Typed or printed name of signee

Filing Fee: \$25.00