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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1703 OCEANS TWO, INC

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:

ARIANNA CARRINGTON-HOOKER

Name of Person

INNOVATIVE TAX SOLUTIONS OF CENTRAL FLORIDA INC

Firm/Company

1678 E SILVER STAR RD

Address

OCOE FL 34761

City/State and Zip Code

INFO@ITSCFL.COM

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

For further information concerning this matter, please call:

ARIANNA CARRINGTON-HOOKER

407

499-2967

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**

1703 OCEANS TWO, INC

(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 01/06/2021 and assigned Florida document number 1.21000003559.

This amendment is submitted to amend the following:

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

1703 OCEANS TWO 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

PETER A KNIGHT

New Registered Office Address:

1165 HAWTHORNE COVE DR

Enter Florida street address

OCOEE

City

Florida

34761

Zip Code

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SECRETARY OF STATE
FLORIDA

ED

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

