121000003559

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Otty/State/2)pr-Notice #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

A. RIVERS
DEC - 8 2021



800376785238

11/19/21--01004--004 *+25.00



COVER LETTER

	Registration Se Division of Cor		J	,	, i	
	1703 OCE	ANS TWO, INC		· ·	81	
SUBJEC	:T:		ited Liability Company		ŧ	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
		ondence concerning this matter				
		ARIANNA CARRINGTO	N-HOOKER			
			Name of Person		_	
		INNOVATIVE TAX SOL	UTIONS OF CENTRAL FLO	ORIDA INC		
			Firm/Company			
		1678 E SILVER STAR RI)		S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)	
			Address		_	
		OCOEE FL 34761				
			City/State and Zip Code	-	_	
		INFO@ITSCFL.COM				
For furth	or information c	E-mail address: (concerning this matter, please c	to be used for future annual repo	π notification)		
	NA CARRINGT	•	407 499-29	47		
———			at ()			
	Name o	f Person	Area Code D	aytime Telephone Numb	cr	
Enclosed	is a check for t	he following amount:				
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certific) Certific	eate of Status & ed Copy	
	Mailing Addres Registration		Street Addre Registratio			
Division of Corporations		Division of Corporations				
	P.O. Box 632 Tallahassee,			of Tallahassee onroe Street, Suite	\$1A	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 "LLC."

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

is nev 1 to the line et all the es.

City

Florida 34761 m

ip 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, Senature of New Registered Agen

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
AMBR	ANNASTACIA M KNIGHT	1165 HAWTHORNE COVE DR	[ZAdd
		OCOEE FL 34761	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Remove
			□Change
			□Add
			□Remove
			□Change

fective date, if other than the date of filing: O1/06/2021			-		
reflective date, if other than the date of filing:				_	
ective date, if other than the date of filing:					
ective date, if other than the date of filing:					
cetive date, if other than the date of filing:				<u></u> .	
cetive date, if other than the date of filing:					
cetive date, if other than the date of filing:					
cetive date, if other than the date of filing:		_			
cetive date, if other than the date of filing:	<u>-</u>				
cetive date, if other than the date of filing:					
cetive date, if other than the date of filing:		-			
cetive date, if other than the date of filing:				 .	
cetive date, if other than the date of filing:					
cetive date, if other than the date of filing:					
cetive date, if other than the date of filing:		·	<u> </u>	<u></u>	
cetive date, if other than the date of filing:					
ective date, if other than the date of filing:		-		<u></u>	
ective date, if other than the date of filing:			·		
ective date, if other than the date of filing:					
ective date, if other than the date of filing:					
ective date, if other than the date of filing:		<u> </u>			
cetive date, if other than the date of filing:					
rective date, if other than the date of filing:					
rective date, if other than the date of filing:		01/06/2021			
te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records. Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after this filed. NOVEMBER 15 2021	ective date, if other than the da	te of filing:	to data of filing or mare th	(optional)	<i>COS</i> 0201
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the stilled. NOVEMBER 15 2021	te: If the date inserted in this block	does not meet the applic	able statutory filing requ	uirements, this date will not	t be listed as
s filed. NOVEMBER 15 2021	rument's effective date on the Depa	rtment of State's records.			
s filed. NOVEMBER 15 2021					
NOVEMBER 15 2021		ate, but not an effective ti	me, at 12:01 a.m. on the	e earlier of: (b) The 90th d	lay after the
NOVEMBER 15 2021 Signature of a member or authorized representative of a member	is filed.				
Actual Might Signature of a member or authorized representative of a member	NOVEMBER 15	2021			
Signature of a member or authorized representative of a member	ted		<u> </u>		
Signature of a member or authorized representative of a member	At 1	1 SA			
Signature of a memoer or authorized representative of a member	Jew a. K	y V	with a second se	n en la constant	
	31	nector of a member of author	mized representative of a r	пстюст	
	PETER A KNIGHT				

. . . .

Filing Fee: \$25.00