

L220000163079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

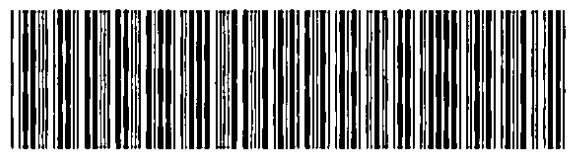
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700413695817

2023 AUG 17 AM 9:38

RECEIVED

RECORDS OFFICE  
TALLAHASSEE, FLORIDA

2023

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO :** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM :** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE :** 8/16/2023

**PRIORITY :** Regular Approval

**OUR REF. # (Order ID#) :** 1173613

**ORDER ENTITY :**  
610 OCEAN CLUB LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**610 OCEAN CLUB LLC (FL)**

File the attached amendment

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 610 OCEAN CLUB 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:

Steven Abel

Name of Person

Laman Law, LLC

Firm/Company

1235 Westlakes Drive, Suite 295

Address

Berwyn, PA 19312

City/State and Zip Code

sabel@lamanlawllc.com

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

For further information concerning this matter, please call:

Steven Abel

610 993-9440

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**

610 OCEAN CLUB 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 04/19/2022 and assigned Florida document number L22000163079.

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 contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

995 HILLSBORO MILE

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

HILLSBORO BEACH, FL 33062

Enter new mailing address, if applicable:

PO BOX 50077

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

Lighthouse Point, FL 33074

**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:

Incorporating Services, Ltd.

New Registered Office Address:

1540 Glenway Drive

*Enter Florida street address*

Tallahassee

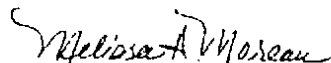
Florida 32301

*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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MYERS, BRUCE	2900 N. MILITARY TRAIL #247	<input type="checkbox"/> Add
		BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LEBOVITZ, BETH F	943 SW PEPPERIDGE TERRACE	<input type="checkbox"/> Add
		BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

