Division of Corporations Electronic Filing Cover Sheet

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(((H230001575173)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RASI

Account Number : 120220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:					
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1220 OCEANVIEW, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1220 Oceanview, LLC	
(Name of the United Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on 04/26	5/2023 and assigned
Florida document number L23000205646	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Oceanview Estates, LLC	
The new name must be distinguishable and end with the words "Limited Liability Company," the design	gnution "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
	. 5
	27
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 or registered agent and/or the new registered office address here:	ur records, enter the name of the no
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida	street address
	, Florida
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

Page: 4 of 5

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Reniove
			CJ Add
			С Remove
474			□ Add
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		<del></del> :	

	ge(s) here: (Attach additional sheets, if necessary.)
entire data if other than the date of filing	(optional)
effective date must be specific, cannot be prior to date of	(optional) receipt or filed date and cannot be more than 90 days after State)
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the effective date must be specific, cannot be prior to date of the date this document is filed by the Florida Department of Stated  April 27  Acres	receipt or filed date and cunnot be more than 90 days after State)

Page 3 of 3

Filing Fee: \$25.00