

Aug 16 11 08:20a

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Division of Corporations

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L10000084289

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PARJUS & ASSOCIATES, P.A.
Account Number : I20110000055
Phone : (954)393-5310
Fax Number : (954)337-0568

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
275 OCEAN LLC**

Certificate of Status	0
Certified Copy	0
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C. LEWIS

AUG 19 2011

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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850-817-6381

8/17/2011 8:52:36 AM PAGE 1/001 Fax Server



August 17, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

275 OCEAN LLC
2665 SOUTH BAYSHORE DRIVE, SUITE 703
MIAMI, FL 33133

SUBJECT: 275 OCEAN LLC
REF: L10000084289

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

It may be that I just can't see the signature. Please make the document a little clearer.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H11000204487
Letter Number: 211A00019246

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Name of Limited Liability Company

275 OCEAN LLC

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA B. PARJUS

Name of Person

THE LAW FIRM OF PARJUS & ASSOCIATES

Firm Name

1736 MAIN STREET SUITE 226

Address

WESTON, FLORIDA 33326

City, State and Zip Code

legal@parjuslaw.com

E-mail address, to be used for future annual report notifications

For further information concerning this matter, please call:

MARIA B. PARJUS

Name of Person

at: **954**

Area Code & Daytime Telephone Number

593-5310

Enclosed is a check for the following amount:

☒ \$250.00 filing fee

☐ \$0.00 filing fee &
Certificate of Status

☐ \$55.00 filing fee &
Certificate of Status
Additional copy is enclosed

☐ \$0.00 filing fee,
Certificate of Status &
Certificate of Existence
Additional copy is enclosed

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
CDOB Building
2001 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2011 AUG 18 AM 7:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA275 OCEAN 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 08/09/2010 and assigned
Florida document number L10000084289

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and end with 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)

20900 NE 30TH AVE, SUITE 510AVENTURA, FL 33180.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20900 NE 30TH AVE, SUITE 510AVENTURA, FL 33180.

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:

MARIA B. PARJUS

New Registered Office Address:

1730 MAIN STREET, SUITE 226

Enter Florida street address

WESTON

City

Florida33326

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 608, 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.

Maria B. Parjus
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSE E. ZAMBRANO R.	20900 NE 30TH AVE. SUITE 510 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated August 11, 2011



Signature of a member or authorized representative of a member

JOSE ZAMBRANO

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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