L1000106963

·
(Requestor's Name)
(Address)
(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



900256435049

02/10/14--01044--002 **25.00

14 FEB IO PM 12: 02
SECRETARY OF STAIR

LE Brusy LEB I & STUD



COVER LETTER

	Registration of	on Section Corporations	
CUD IE	1850	SOUTH OCEAN, LLC	
SUBJEC	-1;	Name of Limited Liability Company	
The encl	osed Article	es of Amendment and fee(s) are submitted for filing.	
Please re	turn all cor	respondence concerning this matter to the following:	
		CLARA LOPEZ	
		Name of Person	
		1850 SOUTH OCEAN, LLC	
		Firm/Company	
		1850 SOUTH OCEAN, TOWER 1, APT. 3107	
		Address	
		HALLANDALE BEACH, FL. 33009	
		City/State and Zip Code	
		cjlm232@gmail.com E-mail address: (to be used for future annual report notification)	
For furth	er informat	ion concerning this matter, please call:	
CLAR	A LOPEZ	Z 954 6403549	
	Na	Area Code & Daytime Telephone Number	
Enclosed	l is a check	for the following amount:	
\$25.0	00 Filing Fe	e \$\sumsymbol{\substack}\$\$\sumsymbol{\substack}\$\$\$ Certificate of Status \$\sumsymbol{\substack}\$\$ Certificate of Status \$\substack\$\$ Certified Copy (additional copy is enclosed) \$\substack\$\$ Certified Copy (additional copy is enclosed)	d)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1850 SOUTH OCEAN, LLC.		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability (Florida document number <u>L10000106963</u>	Company were filed on 10/1	3/2010 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the lim		:
,	, , , , , , , , , , , , , , , , , , ,	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		Address of the Control of the Contro
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		14 FEB I O PHI SEDRETARY OF S ALLAHASSEE, FL
B. If amending the registered agent and/or registered agent and/or the new registered office add		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Ente	er Florida street address
	Direc	
	City	, Florida 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.

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 Type of Action **Address** <u>Name</u> <u>Title</u> 1850 SOUTH OCEAN, MGR LOPEZ, FERNANDO TOWER 1, APT. 3107 Remove HALLANDALE BEACH, FL. 33009 Remove Remove Add Remove Remove Add Remove

If other than the date of filing:(optional) nust be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
nent is filed by the Florida Department of State)
TOPES MODERATE
Signature of a member or authorized representative of a member Clana topez Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 FEB 10 PM 12: 02
SECRETARY OF STATE
TALLAHASSEE, FLORING