## 44000013152

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## **COVER LETTER**

TO:

CR2E079 (2/14)

Registration Section

**Division of Corporations** Oceana 2107 LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Jan Milestone, Esquire (Contact Person) Muroff, Milestone & Milestone (Firm/Company) 2999 NE 191st Street, Suite 709 (Address) Aventura, FL 33180 (City/State and Zip Code) For further information concerning this matter, please call: Jan Milestone, Esq. (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li (A F	ability Company as it now appears on our re orida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liabili Florida document number L14000013152	ity Company were filed on 01/24/2014	and assigned
This amendment is submitted to amend the following	g:	
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	
Enter new principal offices address, if applicable		JAH 22
		720
(Principal office address MUST BE A STREET A	DDKESS/	* 7 11
		22
T		့် လ
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX	9	
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:		ords, enter the name of the new
New Registered Office Address:		
	Enter Florida street a	ddress
	C'4	, Florida
Nam Donistanad Amentle Cine store 16 should be Donistana	City	Zip Code
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered ag provisions of all statutes relative to the proper at accept the obligations of my position as registered being filed to merely reflect a change in the registered company has been notified in writing of this change	gent and agree to act in this capacity, and complete performance of my dutie ed agent as provided for in Chapter ( stered office address, I hereby confir	s, and I am familiar with and 605, F.S. Or, if this document is
	If Changing Registered Agent, Signa	ture 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

Title	<u>Name</u>	Address	Type of Action
MGRM	Elina Chernovskaya	18401 Collins Avenue, #100-241	D Add
		Sunny Isles Beach, FL 33160	■ Remove
			Change
AMBR	Elina Chernovskaya	18401 Collins Avenue, #100-241	
		Sunny Isles Beach, FL 33160	□ Remove
			☐ Change
			□ Add
			□ Remove
		***	Change  Add
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