

5/24/2017

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(FAX)

P001/004

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : STOLZENBERG, GELLES & FLYNN, LLP
Account Number : I20100000018
Phone : (305) 961-1450
Fax Number : (305) 423-3979

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

Email Address: hsaave@gmail.com

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OCEANA 205, LLC

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2017 MAY 24 PM 4:05

TALLAHASSEE, FLORIDA

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MAY 25 2017

Y SULKER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCEANA 205, 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 July 9, 2014 and assigned
Florida document number L14000109161.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 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>
MGR	SAAVEDRA, HILDEBRANDO SI	360 OCEAN DRIVE UNIT 205 S	<input type="checkbox"/> Add
		KEY BISCAVNE FL 33149	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tatiana Irizar	c/o Maria A. Hudson, Esq. STOLZENBERG GELLES et al.	<input checked="" type="checkbox"/> Add
		1401 Brickell Avenue, Suite 825 Miami, Florida 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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77 MAY 24 2017
NOTARY PUBLIC
STATE OF FLORIDA
ALLAHASSIE, FLORIDA

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

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 24 2017

W. H. Wilson

Signature of a member or authorized representative of a member

Maria A. Hudson, Esq., Authorized Representative
Typed or printed name of signee