## L14 000013152

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | ldress)            |           |
| (Ad                     | ddress)            |           |
| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | usiness Entity Nan | ne)       |
| (Dc                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |

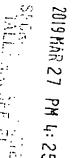




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R. WHITE APR 0 5 2019





## **COVER LETTER**

| TO:          | Registration Se<br>Division of Cor |   | ·   | •  |
|--------------|------------------------------------|---|---|--|
| SUBJI        | OCEANA :                           | 2107 LLC  |   | · •  |
|              |                                    | Name of Limi                                    | ited Liability Company  |  |
| The en       | nclosed Articles of                | Amendment and fee(s) are sub-                   | mitted for filing.  |  |
| Please       | return all correspo                | ondence concerning this matter                  | to the following:   |  |
|              |                                    | ELENA SOSNOVSKAYA                               |   |  |
|              |                                    | ES ACCOUNTING SERV                              | Name of Person<br>ICES  |  |
|              |                                    | 2200 NE 11 STREET                               | Firm/Company  |  |
|              |                                    | HALLANDALE, FL 33009                            | Address<br>9  |  |
|              |                                    | LENOK69@HOTMAIL.CO                              | City/State and Zip Code<br>DM                                       | <del>-</del>   |
|              |                                    | E-mail address: ()                              | to be used for future annual report notif                           | ication)   |
| For fu       | rther information c                | oncerning this matter, please ca                | ill:  |  |
| ELEN         | A SOSNOVSKAY                       |   | 954 699-59-69<br>at ()  |  |
|              | Name o                             | f Person  | Area Code Daytime   | e Telephone Number   |
| Enclos       | ed is a check for the              | ne following amount:                            |   |  |
| <b>■</b> \$2 | 5.00 Filing Fee                    | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed |

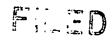
MAILING ADDRESS:

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

## STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



OCEANA 2107 LLC

company has been notified in writing of this change.

2019 HAR 27 PM 4: 25

| The Articles of Organization for this Limited Liability Company were filed on 01/24/2014 and assigned Florida document number L14000013152  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."  | (A Florida Limi  | ted Liability Company)              | Tale Tale                          |
|--|--|-------------------------------------|------------------------------------|
| 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 registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  |  |                                     |                                    |
| 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 "LLC."  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 registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Flurida street address  [Enter Flurida street address]  [Enter Flurida street address]  [Enter Flurida street address] | Florida document number L14000013152                                   |                                     |                                    |
| 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 registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address  City Zip Code  | This amendment is submitted to amend the following:                    |                                     |                                    |
| 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 registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  [Enter Florida   | A. If amending name, enter the new name of the limited                 | liability company here:             |                                    |
| 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 registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida Tip Code   | The new name must be distinguishable and contain the words "Limited I. | Liability Company," the designation | "LLC" or the abbreviation "L.L.C." |
| 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 registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address   | Enter new principal offices address, if applicable:                    |                                     |                                    |
| 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 registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address   | (Principal office address MUST BE A STREET ADDRESS                     | <u> </u>                            | <u></u>                            |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  City  Zip Code   |  |                                     |                                    |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  City  Zip Code   | Enter new mailing address, if applicables                              |                                     |                                    |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  City  Zip Code   |  |                                     |                                    |
| Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  City  Zip Code   | muning dudress may be at ost of the bony                               |                                     |                                    |
| Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  City  Zip Code  |  |                                     |                                    |
| Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  , Florida  City  Zip Code   |  |                                     | ecords, enter the name of the      |
| New Registered Office Address:  Enter Florida street address  , Florida  City  Zip Code  |  |                                     |                                    |
| Enter Florida street address   | Name of New Registered Agent:  |                                     |                                    |
| , Florida  | New Registered Office Address:   |                                     |                                    |
|  |  | Enter Florida street                | address                            |
|  |  |                                     | , Florida                          |
|  |  |                                     | Zip Code                           |

If Changing Registered Agent, Signature of New 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

- If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addedor removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>         | <u>Address</u>                     | Type of Action |
|--------------|---------------------|------------------------------------|----------------|
| AMBR         | CHERNOVSKAYA, ELINA | 18401 COLLINS AVE, STE.<br>100-241 |                |
|              |                     | SUNNY ISLES BEACH, FL<br>33160     |                |
|              |                     | 33100                              | Remove         |
|              |                     |                                    | Change         |
| MGR          | OLGA MIRER          | 18401 COLLINS AVE, STE.<br>100-241 |                |
|              |                     | SUNNY ISLES BEACH, FL<br>33160     | -              |
|              |                     |                                    | Remove         |
|              |                     |                                    | ☐ Change       |
|              |                     |                                    |                |
|              |                     |                                    | □ Remove       |
|              |                     |                                    | Change         |
|              |                     |                                    |                |
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|              |                     | <del></del>                        | D Add          |
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|              |                     |                                    | ☐ Change       |

|  |  |                                 | _                       |   |                                     |               |  |   |
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| Effective date, if ot (If an effective date is list Note: If the date insedocument's effective | ed, the date must<br>erted in this blo | t be specific a<br>ock does not | ind cannot be to the ap | plicable sta                            | f filing or more<br>autory filing t | than 90 days  | optional)<br>after filing.) Pu<br>, this date will | suant to 605.0207 (<br>not be listed as the |
| the record specifie<br>The 90th day a  | es a delayed<br>fter the reco          | effective<br>ord is filed       | date, but<br>d.         | not an ei                               | fective tin                         | ne, at 12:(   | )1 a.m. on   | the earlier of:                             |
| Dated MARCH 23   |  |                                 | 2019                    | <del></del> .                           |                                     |               |  |   |
| &  | Uga                                    | m                               | RER                     | -                                       |                                     |               |  |   |
|  | V =                                    | Signature of                    | a member or             | authorized re                           | presentative of                     | a member      |  |   |
| OLGA M   |  |                                 |                         |   |                                     |               |  |   |

Page 3 of 3

Filing Fee: \$25.00