Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 Phone : (800) 906-9220 Fax Number : (800) 906-9880

**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 230 NORTH OCEAN, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$60.00

COVER LETTER

	legistratior Division of (i Section Corporations		
CIID IE CT	230 NO	RTH OCEAN, LLC		
SUBJEC		Name of Lim	ited Liability Company	
The enclos	sed Articles	of Amendment and fcc(s) are sub-	mitted for filing.	
Please reti	urn all corre	spondence concerning this matter	to the following:	
		STEVEN WEISS		
			Name of Person	
		ALLSTATE CORPORAT	E SERVICES CORP.	
			Firm/Company	
	2215 HENDRICKSON STREET, SUITE 1			
			Address	
		BROOKLYN, NY 11234		
			City/State and Zip Code	
		FILING@ACS123.COM		
			to be used for future annual report notific	ation)
For furthe	r informati	on concerning this matter, please c		
STEVEN	WEISS		800 906-9220 at ()	
	Na	me of Person	Area Codc Daytime	Telephone Number
Enclosed	is a check i	for the following amount:		
□ \$2 5.0	00 Piling Fc	e S30,00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Division (P.O. Box	on Section of Corporations	Street Address: Registration Sectorial Division of Corporate The Centre of Taccarda 2415 N. Monroe Tallahassee, FL	orations illahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2012 mr 29 Pii 2: 50

230 NORTH OCEAN, LLC		
(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears or ted Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp. Florida document number L18000024763		29/20/8 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
1075 NORTH OCEAN, LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		, Florida
	City	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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			□ Change
			□Remove
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Effective date, if other the fan effective date is listed, the cannot be inserted in document's effective date of	i this block does not	meet the applica	o date of filing or mo ble statutory filing	(option re than 90 days after f requirements, this	nal) lling.) Pursuant to 605.03 date will not be listed	207 - . as 1
record specifies a delayed d is filed.	effective date, but no	ot an effective tir	ne, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after t	ho
JULY 20		2020				
Dated Oated	7/1/	/	- ' 			
~ , ,	11	11	1			
DK.	1/6	n maribar or sutho	rized representative	of a member		

Filing Fee: \$25.00