LOS 00000 4450

(Requestor's Name)	
(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:	





700285520197

06/15/16--01019--006 **25.00

16 JUN 15 PM 3: 14
SECKETARY OF STATE

IN THERE

COVER LETTER

	ision of Cor			
SUBJECT:	Ocean Palm			
de Bullett.		Name of Lim	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Kyle Brady		
			Name of Person	
		Brady Hicks PA		
			Firm/Company	
		10161 Centurion Pkwy, Su	nite 160	
			Address	
		Jacksonville, FL 32256		
			City/State and Zip Code	
		kyle@bradyhickslaw.com E-mail address: ((to be used for future annual report notification)	
For further in	nformation c	oncerning this matter, please ca	•	
Kyle Brady			904 385-3800 at ()	
	Name o	f Person	Area Code Daytime Telephone Number	_
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, 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

Ocean Palm, LLC	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L05000004450 .	were filed on December 21, 2004 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	Jacksonville, FL 32256
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10161 Centurion Pkwy M. Suite 160 Tacksonville, FL 32256
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	<u>e</u> :
Name of New Registered Agent: Emily	M. Hicks
New Registered Office Address: 10161	Centurion PKWy M. Swite 140 Enter Florida street alldress
Jacks	M. HICKS Centurion PRWYN. Suite 140 Enter Florida street alidress Sonville, Florida 32256 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

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Kevin Hicks	10161 Centurion PKWYN # 160	DF Add
		10161 Centurion PKWYN # 140 Jacksonville, FL 32256	□ Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
			Change
			□ Add
			□ Remove
			□ Change
		TALLAR FA	Add (
		ASS SET	Remove
		JF STATE FLOHIDA	Change
		<i>→</i>	□ Add
		<u> </u>	Remove
			☐ Change

					al sheets, if neces	<u>-</u>	
							
			* 01.47%				
_							
							
_					- 110		
							
_							
_							
 -							
	e date, if other than	must be specific a	and cannot be prior	to date of filing or more	than 90 days after fi	ling.) Pursuant to	
f an effect Note: If	tive date is listed, the date f the date inserted in thi at's effective date on th						
f an effect Note: If document ne reco	f the date inserted in thi	e Department of	f State's records.		ne, at 12:01 a.		
f an effect Note: If document ne reco The 9	f the date inserted in thint's effective date on the ord specifies a delagoth day after the i	e Department of	f State's records.		ne, at 12:01 a.		
f an effect Note: If document ne reco The 9	f the date inserted in thint's effective date on the ord specifies a delay 90th day after the 1	e Department of yed effective record is filed	f State's records. e date, but not d. 2016	t an effective tin			arlier of
If an effect Note: If document ne reco	f the date inserted in thint's effective date on the ord specifies a delay 90th day after the 1	e Department of yed effective record is filed	f State's records. e date, but not d. 2016				arlier of

Page 3 of 3

Filing Fee: \$25.00