

LO5000036131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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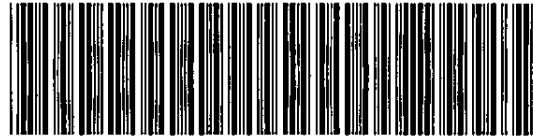
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

G. HARVEY
DEC 05
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ocean Alexander of Florida, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffery Ferguson

Name of Person

Ocean Alexander

Firm/Company

1000 Seminole Drive, Suite 400

Address

Fort Lauderdale, Florida 33304

City/State and Zip Code

sally@oceanalexander.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sally Doleski

at (206) 679-4590

Name of Person

Area Code

Daytime Telephone Number

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Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 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)

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**

Ocean Alexander of Florida, 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 4/11/2005 and assigned
Florida document number L05000036131.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with 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)

1000 Seminole Drive

Suite 400

Fort Lauderdale, FL 33304

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:

Jeffery Ferguson

New Registered Office Address:

1000 Seminole Drive, Suite 400

Enter Florida street address

Fort Lauderdale

City

, Florida 33304

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.

Jeffery Ferguson
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	KEVIN MCCARTHY	2301 SE 17TH STREET CSWY	<input type="checkbox"/> Add
		PIER 66 MARINA	<input checked="" type="checkbox"/> Remove
		FT. LAUDERDALE, FL 33316	
MGR	JEFFERY FERGUSON	1000 SEMINOLE DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 400	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33304	
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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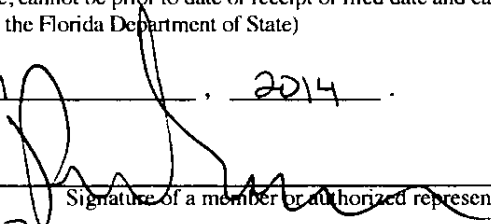
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 19, 2014.



Signature of a member or authorized representative of a member
Richard Allender

Typed or printed name of signee

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TALLAHASSEE, FLORIDA