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SECREIARY OF STATE

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T. BROWN

# COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: 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: Name of Person For further information concerning this matter, please call: Enclosed is a check for the following amount: □ \$60.00 Filing Fee, \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (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**

TO ARTICLES OF OI OF	RGANIZATION	AN 20 MIL 20
OCEAN CICEK INTE (Name of the Limited Liability Compan- (A Florida Limited Liability Compan-	2rn atonal, LLC  y as it now appears on our fecords.)  iability Company)	14/1/20 20/2/20/20
The Articles of Organization for this Limited Liability Company w		d assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	lity company here:	
The new name must be distinguishable and end with the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" or the abbreviati	<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		me of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zin C	'ode

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 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 = N $AMBR = A$	lanager Aythorizéd Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Golden Southwest LIC	2884 NW 94th Ave	<b>⊅</b> Add
		Coral Springs, FL 33062	~ □ Remove
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Page 3 of 3

Filing Fee: \$25.00