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SECRETARY OF STATE

FILED

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	OCCA~ Bro (Name of Limit	ed Liability Company)	y HC
,			
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspondent	ondence concerning this matter t	to the following:	
	MANY	Fessetti (Name of Person)	
		(Firm/Company)	
	1220	SW 32nd Tel	MALE PES 3
	Cape C	SW 32nd Tell Coral Hu 3391 (City/State and Zip Code)	FILEU 1008 SEP 29 P 1: 44 SECRETARY OF STATE ALLAHASSEE, FLORID
	- CApe C	(City/State and Zin Code)	SEE SAY O
	V	(City, State and Dip Code)	FES D
For further information	concerning this matter, please ca	ill:	TATE ORIT
1000 7	of Person)	at (239) 540-86	
Name	of Person)	(Area Code & Daytime T	
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)
Regis	LING ADDRESS: tration Section	STREET/COURIER Registration Section	·
P.O. F	on of Corporations Box 6327	Division of Corporation Clifton Building	
Tallah	nassee, FL 32314	2661 Executive Cente Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

OCEAN BIEETE (Name of the Limited Liability Compa	ATT GAILPLY WC					
(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 Florida document number <u>LOJODII 771D</u> .	y were filed on $\frac{12/13/92}{}$ and assigned					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited lial	bility company here:					
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation					
Enter new principal offices address, if applicable:	1220 SW 32 nd tellace					
(Principal office address MUST BE A STREET ADDRESS)	_ CASE COURT, HA 33914					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRETARY OF ALLAHASSEE. F					
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new					
Name of New Registered Agent:	Aln Ferretti Olsw 32rd reliace					
New Registered Office Address: 127	(Enter Florida street address)					
_ CAJ	City), Florida 73914 (City) (Zip Code)					
Now Dedictored Agent's Cioneture if changing Dedictored Agent	(any court)					

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 608, 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 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** ____ Add Remove ☐ Add Remove 🗂 Add Remove □ Add 🗖 Remove Add Add 🗀 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2008 Signature of a member or authorized representative of a member Crretti Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00