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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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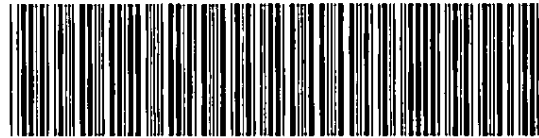
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
17 NOV 27 AM 6:24
CALLAHAN, F. J.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OCEANSPACE 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:

WILLIAM S ARNOLD
Name of Person

OCEANSPACE LLC
Firm/Company

341 5TH ST S APT 4
Address

ST PETERSBURG FL 33701
City/State and Zip Code

oceanspacesensors@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM S ARNOLD at (727) 366-7761
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 SPARE 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 02/06/2009 and assigned
Florida document number LO9000012201.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

341 5TH ST S
APT 4
ST PETERSBURG FL 33701

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

341 5TH ST S APT 4
Enter Florida street address
ST PETERSBURG, Florida 33701
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MILTON DEAN	2470 SAN PIETRO CIR	<input checked="" type="checkbox"/> Add
		PALM BEACH GARDENS FL	<input type="checkbox"/> Remove
		33410	<input type="checkbox"/> Change
AMBR	JAMIE SERINO	6800 GULFPORT BLVD S UNIT 201	<input checked="" type="checkbox"/> Add
		SOUTH PASADENA FL 33707	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ERIC STEINLE	3974 14TH ST NE	<input checked="" type="checkbox"/> Add
		ST PETERSBURG FL 33703	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE
ITALY/AMERICAN/CONFIDENTIAL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated NOVEMBER 20, 2017

Will S. Reed
Signature of a member or authorized representative of a member

WILLIAM S. ARNOLD
Typed or printed name of signer