

L09000045507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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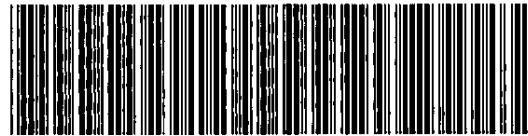
(Business Entity Name)

(Document Number)

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10/15/10--01038--007 \*\*25.00

B. KOHR  
OCT 19 2010  
EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 OCT 15 PM 4:45

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ocean Nexus, LLC.  
Name of Limited Liability Company

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 OCT 15 PM 4:45

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

Please return all correspondence concerning this matter to the following:

Marianella Ramirez

Name of Person

Ocean Nexus, LLC.

Firm/Company

2601 S. Bayshore Dr. Ste. 1110.

Address

Coconut Grove, FL 33177

City/State and Zip Code

mramirez@unitedamericas.com

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

For further information concerning this matter, please call:

Marianella Ramirez

Name of Person

at (786) 871-0178.

Area Code & Daytime Telephone Number

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 Nexos, LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 OCT 15 PM 4:45

The Articles of Organization for this Limited Liability Company were filed on May 2, 2009 and assigned  
Florida document number LD9000045507.

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)

16621 S.W. 203<sup>rd</sup> Avenue  
Miami, FL 33187

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16621 S.W. 203<sup>rd</sup> Avenue  
Miami, FL 33187

**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:

- N/A -

New Registered Office Address:

16621 S.W. 203<sup>rd</sup> Ave.

Enter Florida street address

Miami

City

Florida 33187

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 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.

- N/A -

If Changing Registered Agent, Signature of New Registered Agent

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:

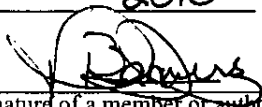
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr.	Mark Erato	2601 S. Bayshore Dr. Ste. 1110 Coconut Grove, FL 33133	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mgr.	Marianella Ramirez	16221 S.W. 203 <sup>rd</sup> Ave. Miami, FL 33187	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

Dated October 12 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Marianella Ramirez  
\_\_\_\_\_  
Typed or printed name of signee