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# COVER LETTER

TO:

Registration Section Division of Corporations

# DCEAN PALMS OF HOLLYWOD 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:

# SEBASTIAN PAPPALETTERA

Name of Person

Firm/Company

## 13899 BISCAYNE BLVD STE 222

Address

## NORTH MIAMI BEACH FL 33181

City/State and Zip Code

#### southfloridaprojects@hotmail.com

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

For further information concerning this matter, please call:

# Sebastian Pappalettera

Name of Person

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 PALMS OF HOLLYWOOD 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 05/20/2009

and assigned Florida document number L09000049216

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 end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13899 BISCAYNE BLVD
(Principal office address MUST BE A STREET ADDRESS)	STE 222
	NORTH MIAMI BEACH FL 33181
Enter new mailing address, if applicable:	ii.
(Mailing address MAY BE A POST OFFICE BOX)	
	COLOR
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	ffice address on our records, enter the name of the
registered agent and/or the new registered office address her	
Name of New Registered Agent:	••••••••••••••••••••••••••••••••••••••
New Registered Office Address:	
	Enter Florida street address
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	, Florida

#### 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 = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** MGR 15 NW 7 AVE VERDU, OCEAN MANUEL \_\_ 🗆 Add FORT LAUDERDALE, FL 33311 \_□ Add \_□ Remove ☐ Remove □ Add \_\_\_\_ □ Remove

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Filing Fee: \$25.00

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