LD900092469

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EXAMINER



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SECRETARY OF STATE

COVER LETTER

TO: Registration So Division of Cor						
SUBJECT:	OCEA	N PARK, LLC				
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	RYAN MAHON					
		Name of Person				
		OCEAN PARK, LLC				
		Firm/Company				
31 SE 5TH STREET, #4221						
		Address				
•		MIAMI, FL 33131				
		City/State and Zip Code				
	E-mail address: (to be used for future annual report notific	cation)			
For further information of	concerning this matter, please o	ali:				
CARLOS SOLANO		at (720)	620-9674			
Name of Person		Area Code & Daytime	Telephone Number			
Enclosed is a check for t	he following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

FILED SECRETARY OF STATE DIVISION OF CORPORATION:

09 DEC 21 PM 12: 28

O	CEAN PARK, LLC		
(Name of the Limited Liab (A Flor	pility Company as it now appearida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabili	ty Company were filed on	09/24/2009	and assigned
Florida document numberL0900092469	9		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	r <u>e</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicables	*****		
(Principal office address MUST BE A STREET A)	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or re registered agent and/or the new registered office :		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	nter Florida street add	ress
		, Florida	
-	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 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	IBARRA, LUIS A.	1227 SW 13 AVE. #505 MIAMI, FL 33130	Add Remove
MGR	MAYORCA, CARLOS E.	10249 NW 9TH STREET CIR. #205 MIAMI, FL 33172	Add ☐ Remove
MGR	ALONSO, PABLO	1227 SW 13 AVE. #505 MIAMI, FL 33130	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	<u> </u>
-			
Dated	DECEMBER 17TH , 2	2009	
	Signature of a mamb	oer or authorized representative of a member	
	·	RYAN MAHON	
	Туре	ed or printed name of signee	

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Filing Fee: \$25.00