

LO90000 95656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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16 JUN -2 AM 8:12  
STATE TREASURY OF FLORIDA  
TALLAHASSEE, FLORIDA

**LAW OFFICES**

**Mullen & Bizzarro, P.A.**

Joseph P. Mullen, Esquire  
jpmullen@mullenbizzarro.com

Suite PH-C  
2929 East Commercial Boulevard  
Fort Lauderdale, Florida 33308  
Telephone: (954) 772-9100  
Facsimile (954) 493-8765

Federal Express

June 1, 2016

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: 3301 Ocean LLC - Amendment to Articles of Organization  
Document # L09000095656

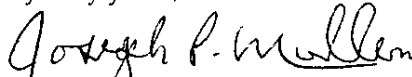
Dear Ladies and Gentlemen:

Enclosed herewith please find:

1. Original signed Amendment to Articles of Organization; and
2. Our firm's business check in the amount of \$25.00 payable to Florida Department of State.

Thanking you receiving and process this Amendment, I remain,

Very truly yours,

  
Joseph P. Mullen

Encl.

Cc: 3301 Ocean LLC (via email with enclosures)

## COVER LETTER

TO: . Registration Section  
Division of Corporations

SUBJECT: 3301 Ocean, 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:

Joseph P. Mullen, Esquire

Name of Person

Mullen & Bizzarro, P.A.

Firm/Company

2929 E. Commercial Blvd, PH-C

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

jpmullen@mullenbizzarro.com

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

For further information concerning this matter, please call:

Joseph P. Mullen, Esquire

Name of Person

at ( 954 ) 772-9100 ext.11

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

3301 Ocean, LLC

Page 1 of 3

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

RECEIVED OF  
ALL AMOUNTS  
PAID

DATE \_\_\_\_\_

16 JUN -2 AM 5:18

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Dated June 1, 2016

~~Signature of a member or authorized representative of a member~~

Kenneth Fisher, Managing Member

Typed or printed name of signee