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EXAMINER

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S. Brancher, ...

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ZOOG MOY-6 PM 3:23

TALLAHASSEE FLORIDA

COVER LETTER

TO:	Registration Secondinial Registration Secondinial Registration of Corp				
SUBJECT: Ocean Solution Wholesale, LLC					
3000	<u> </u>		ted Liability Company		TACE TO ME
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.		OV -6
Please	return all correspon	dence concerning this matter	to the following:		2009 NOV -6 PH 3: 23 SEGNETARY OF STATE TALLAHASSEE. FLORID
			Christopher King		RIDA 23
			Name of Person		
Ocean Solution, LLC				_	
Firm/Company					
2120 Range Road					
Address			_		
Clearwater, FL 33765				_	
City/State and Zip Code					
cking@csmgroup.net E-mail address: (to be used for future annual report notification)					
For fu	rther information co	ncerning this matter, please c	all:		
		olly King	at (_727)	450-1541	
	Name of	Person	Area Code &	Daytime Telephone Numb	per
Enclos	ed is a check for the	e following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certific colosed) Certific	filing Fee, cate of Status & ed Copy onal copy is enclosed)
	Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	Registration Division of Clifton Buil	Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ocean Solvtion Whole Sale, 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 Liabi	lity Company were filed on _	October 5, 2009	_ and assigned	
Florida document number L0900009593	<u>11 </u>			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company ł	<u>iere</u> :		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Con	npany," the designation "LLC	" or the abbreviation	
Enter new principal offices address, if applicable	e:	>	NON S	
(Principal office address MUST BE A STREET A	(DDRESS)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7 7	
			<u> </u>	
		ت در پر لنز	3 1	
Enter new mailing address, if applicable:		L OR		
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	F	23	
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, <u>enter the</u>	name of the new	
Name of New Registered Agent:				
New Registered Office Address:	N1114			
	Enter Florida street address			
_		, 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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> **Type of Action** MGR Holly King 2120 Range Road Add 🔲 Clearwater, FL 33765 Remove ☐ Add Remove ☐ Add Remove A OFF 꾶 ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee Page 2 of 2

. 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:

Filing Fee: \$25.00