# 000111385

(Re	equestor's Name)	
(Address)		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400260368104

05/22/14--01019--009 \*\*60.00

MAY 3 0 2014

SELERIDA (1385)

## COVER LETTER •

TO: Registration Section Division of Corporations		
SUBJECT: Ocean Mist Enterprises, 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:		
Francisco Diego		
Name of Person		
Ocean Mist Enterprises, LLC		
Firm/Company		
P.O. Box 736		
Address		
Palm City, FL 34991	2014 ISAY 22 CECRETARY FALLAHASS	
City/State and Zip Code	图 五	, marina 1
info@OceanMistLLC.com	25点 Y 2	eriche P 1 xe
E-mail address: (to be used for future annual report notification)	1 - 1 - 1	in-
For further information concerning this matter, please call:		Į.
Francisco Diego (772) 233-5566	1: 52 TALE -C-AD	191-001
Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing	na Fee	

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ocean Mist Enterprises,		
(148me of the Lim	ited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited l	Liability Company were filed on Nove	mber 18, 2009 and assigned
Florida document number		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and end with the	e words "Limited Liability Company," the design	nation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	- <u>2</u>
(Principal office address MUST BE A STRE	ET ADDRESS)	
		22
Enter new mailing address, if applicable:		is a li
(Mailing address MAY BE A POST OFFICE	BOX)	Prome CO
		52
B. If amending the registered agent and registered agent and/or the new registered of		records, enter the name of the ne
Name of New Registered Agent:	Eulalia Mendez	
New Registered Office Address:		
	Enter Florida st	reet 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 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.

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member Title Name **Address Type of Action** 789 SW Federal Hwy. **Eulalia Mendez MGRM** ■ Add Suite 200 ☐ Remove Stuart, FL 34994 □ Add ☐ Remove □ Add ☐ Remove ☐ Remove ☐ Remove □ Add □ Remove

If amending any other information, ent	ter change(s) here: (Attach additional sheets, if necessary.)
	anderson habiture Seritor resignation to habiture was the total and acceptance in 1964 to the total acceptance in 1964 to the
the date this document is filed by the Florida Depa	filing:(optional) to date of receipt or filed date and cannot be more than 90 days after artment of State)
Dated May 19	
Jan	
Francisco Diego	of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

26 IL FAY 22 FH 1: 52