

LO9 000111 385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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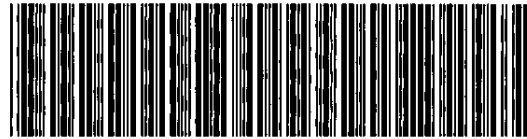
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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LO9-111385

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

City/State and Zip Code

info@OceanMistLLC.com

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

For further information concerning this matter, please call:

Francisco Diego

Name of Person

at **772 233-5566**

Area Code

Daytime Telephone Number

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

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Ocean Mist Enterprises, LLC

Page 1 of 3

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>	<u>Type of Action</u>
MGRM	Eulalia Mendez	789 SW Federal Hwy.	<input checked="" type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Stuart, FL 34994	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 19, 2014



Signature of a member or authorized representative of a member

Francisco Diego

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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