

L09000112593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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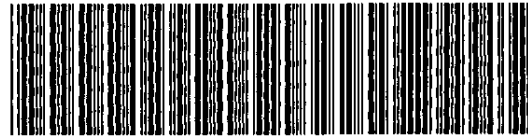
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A. LUNT

AUG -9 2011

EXAMINER

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: OCEAN PROPERTIES AND INVESTMENTS, 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:

**ALEXIS A. GUEVARA JR.**

Name of Person

**OCEAN PROPERTIES AND INVESTMENTS, LLC**

Firm/Company

**115 MADEIRA AV.**

Address

**CORAL GABLES, FL. 33134**

City/State and Zip Code

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

For further information concerning this matter, please call:

**ALEXIS A. GUEVARA**

Name of Person

at ( 305 )

**441-0167**

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**OCEAN PROPERTIES AND INVESTMENTS, 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 Liability Company were filed on 11/23/2009 and assigned

Florida document number L09000112593

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

OCEAN PROPERTIES AND INVESTMENTS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

115 MADEIRA AV

CORAL GABLES, FL. 33134

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

115 MADEIRA AV

CORAL GABLES, FL. 33134

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

ALEXIS A. GUEVARA JR.

New Registered Office Address:

115 MADEIRA AV

*Enter Florida street address*

CORAL GABLES, Florida 33134

*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.*

*[Signature]*  
**If Changing Registered Agent, Signature of New Registered Agent**

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:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
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MGRM	MARIAM FERNANDEZ	3081 SALZEDO ST. 2ND FLOOR CORAL GABLES, FL 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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MGR	ALEXIS GUEVARA	3081 SALZEDO ST. 2ND FLOOR CORAL GABLES, FL 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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MGRM	ALEXIS A. GUEVARA	115 MADEIRA AV. CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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MGR	Mariam Fernandez	3081 Salzedo St. 2nd Floor Coral Gables, FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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2011 AUG - 8 PM 3:10  
CLERK TARYN B STATE  
PALM BEACH COUNTY, FLORIDA  
☐ Add  
☐ Remove

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

Dated AUGUST 2ND, 2011

Signature of a member or authorized representative of a member

ALEXIS A. GUEVARA JR.

Typed or printed name of signee