L10000088860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: OCEAN FAMILY TRUST, 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 I. GUEVARA
Name of Person

Firm/Company

115 MADEIRA AV.
Address

CORAL GABLES, FL. 33134.
City/State and Zip Code

marylucecoco@hotmail.com.
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ALEXIS I. GUEVARA. at (305) 441-0167
Name of Person 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 FAMILY TRUST, 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 01/25/2010 and assigned Florida document number L10000088860

This amendment is submitted to amend the following:

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

OCEAN FAMILY TRUST, LLC.

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

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TALLAHASSEE, FLORIDA

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

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 I. GUEVARA.

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.

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
MGRM	LAZARO VERDECIA	2640 IXORA RD. MIAMI, FL. 33181	☑ Add ☐ Remove
MGRM	ELZI ZURITA	110 Zamora Av. Unit 401 Coral Gables FL. 33134	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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TALLAHASSEE, FLORIDA

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

Dated July 12, 2011.

Signature of a member or authorized representative of a member

ALEXIS I. GUEVARA.

Typed or printed name of signee

Filing Fee: $25.00