

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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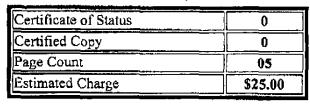
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THC OCEAN, LLC

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## COVER LETTER

10:

Registration Section Division of Corporations

IHC OCEAN, 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:

Gryska Sotolongo

Name of Person

Thomas G. Sherman, P.A.

90 Almeria Avenue

Coral Gables, FL 33134

City/State and Zip Code

Gryska@uniontitleservices.com

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

For further information concerning this matter, please call:

Gryska Sotolongo

at (305) 448-5898 ext. 204

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fcc & 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 onelosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tullahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahussee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IHC Ocean, 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 12-30-10 and assigned Florida document number L10000132509 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and and with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address . Florida 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

If Changing Registered Agent, Signature of New Registered Agent

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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.

Authorized Member being added or removed from our records: MGR - Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> Address Type of Action Giovanni Zollo MGR Vojtesska 6/211, Nove Mesto \_□ Add Praha 1 Remove Czech Republic, CR 11000 CR 1329 Alton Road Paolo Scattarreggia MGR Miami Beach, FL 33139 ☐ Remove 🚨 Add 🕏 □ Add

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

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	<u> </u>
Effective date, if other than the date of filing: The effective dute must be specific, cannot be prior to dote of receipt or filed date and cannot be more the date this document is filed by the Florida Department of Stacky	(optional) than 90 days after
Dated June 30 , 2014	
1/1/	
Signature of a thember or authorized representative of a me	mber
Thomas G. Sherman, Esq.	

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Filing Fee: \$25.00

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