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**EXAMINER** 

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## **COVER LETTER**

P Division of C					
SUBJECT:	OCEAN	FORMULA LLC			
SUBJECT:		ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	r to the following:			
	AL	VARO ACEVEDO, E.A			
		Name of Person			
	ACEV	EDO & ASSOCIATES LLP			
		Firm/Company		7.5	
	5201 BLUE LAGOON DR, PH				week
		Address		2011 JAN 31 SECRETAR TALLAHASS	
		MIAMI, FL 33126		m~	
		City/State and Zip Code		PA ST	(
	F-mail address:	dr.tax@hotmail.com to be used for future annual report notifica	tion)	BARE S. SI	
For further information	concerning this matter, please	·	,	1,5"	
ALVAF	RO ACEVEDO, E.A	at ( 305 ) 7	16-4274		
Name of Person		Area Code & Daytime Telephone Number		<del></del>	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate Certified Co (additional	of Status &	
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OCEAN FORMULA LLC		
(Name of t	he Limited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this	Limited Liability Company were filed on	1/11/2011	and assigned
Florida document numberL	1000004094		
This amendment is submitted to ame	nd the following:		
A. If amending name, enter the ne	w name of the limited liability company he	ere:	
The new name must be distinguishable "L.L.C."	and end with the words "Limited Liability Comp	pany," the designation "LL	C" or the abbreviation
Enter new principal offices addres	s, if applicable:	<u> </u>	201
(Principal office address MUST BE	A STREET ADDRESS)		
	· ·	A.S.S.	<u>λ</u> ω
Enter new mailing address, if appl	icable:	<u>ு</u> ப்ப	
(Mailing address MAY BE A POST	OFFICE BOX)	(D)	······································
		, la	<u> </u>
B. If amending the registered a registered agent and/or the new re	gent and/or registered office address on	our records, enter th	e_name of the nev
registered agent and/or the new re	gistered office address here:		
Name of New Registered A	gent:		
New Registered Office Add			
	Ei	nter Florida street addre	ess .
		, 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> **Address** <u>Name</u> VAINO M PAATELA MGRM 1818 SW 1ST AVE #1014 √ Remove MIAMI FL 33129 ☐ Add ☐ Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated \_\_\_\_\_JANUARY 20 Signature of a member or authorized representative of a member ALVARO ACEVEDO, E.A. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00