

111000015505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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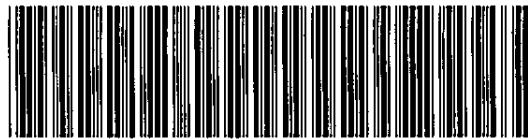
(Business Entity Name)

(Document Number)

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J. BRYAN

MAY 15 2012

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OCEAN LIFERS L.L.C.
Name of Limited Liability Company

DOCUMENT NUMBER: L11000015505

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BLAKE THOMAS LAROCCA
Name of Person

OCEAN LIFERS L.L.C.
Name of Firm/Company

1610 RIDGEWOOD STREET
Address

CLEARWATER, FL 33755
City/State and Zip Code

mailto:blake@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BLAKE THOMAS LAROCCA at (727) 656-8720
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

OCEAN LIFERS L.L.C.

(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 FEBRUARY 7, 2011 and assigned Florida document number L11000015505.

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 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)

BLAKE THOMAS LAROCCA

1610 RIDGEWOOD STREET

CLEARWATER, FL 33755

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

BLAKE THOMAS LAROCCA

1610 RIDGEWOOD STREET

CLEARWATER, FL 33755

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:

BLAKE THOMAS LAROCCA

New Registered Office Address:

1610 RIDGEWOOD STREET

Enter Florida street address

CLEARWATER , Florida 33755

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	BLAKE THOMAS LAROCCA	BLAKE THOMAS LAROCCA 1610 RIDGEWOOD STREET CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGMR	FREDDY D. HAMILTON	FREDDY D. HAMILTON 906 VINE AVENUE CLEARWATER, FL 34684	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	TRISTEN N. CROSWAIT	TRISTEN N. CROSWAIT 5544 BAROQUE DRIVE HOLIDAY, FL 34690	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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S E C R E T A R Y O F S T A T E
T A L L I M A S S E E , F L O R I D A

FILED

Dated MAY 7 2012

Signature of a member or authorized representative of a member

BLAKE THOMAS LAROCCA, FREDDY D. HAMILTON, TRISTEN N. CROSWAIT

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00