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JAN 24 2017 S. YOUNG



COVER LETTER

TO:		ration Sec on of Corp					
	o	cean Gypsi	es LLC				
SUBJE	СТ:		Name of Lim	ited Liability Company	<u> </u>		
The end	losed A	rticles of A	mendment and fee(s) are sub-	mitted for filing.			
Please r	eturn al	l correspon	dence concerning this matter	to the following:			
			Robert G. Derr				
				Name of Person		·····	
			Ocean Gypsies LLC				
				Firm/Company		····	
			14750 Beach Blvd. #36			=	小型
			* **	- ddress			言至
			Jacksonville, FL 32250				THE JAN 23 PM 4: 42
				City/State and Zip Code			2
			procaptains@gmail.com				**
			E-mail address: (i	to be used for future annual r	eport notification)		£2
For furt	her info	rmation co	ncerning this matter, please ca	ıll;			
Robert	Derr			904 422 at ()	-3582		
		Name of	Person	Area Code	Daytime Telepho	ne Number	
Enclose	ed is a cl	neck for the	e following amount:				
\$25	.00 Filii	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclased)		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		MAILR	NG ADDRESS:	STREET	COURIER ADI	DRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records. imited Liability Company)	
mpany were filed on 03/07/2011	and assigned
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ed liability company here:	
	SE SE
ed Liability Company," the designation "LLC"	or the abbreviation E.L.C."
	JAN 23
<u> </u>	is the
	星 長
	PM 4: 42
	<i>`</i>
	·
1 000 13	
	enter the name of the new
Enter Florida street address	
· · · · · · · · · · · · · · · · · · ·	
City	Zip Code
	ed Hability company here: ed Liability Company," the designation "LLC" ESSS) ered office address on our records, ess here: Enter Florida street address , Flor

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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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ective date, if other than the d n effective date is listed, the date must b	ate of filing: e specific and can	not be prior to (late of filing or a	more than 90 days	optional) safter filing) Pursual	nt to 605 0207 (
te: If the date inserted in this bloc	k does not meet	the applicable	e statutory filii	ng requirements	s, this date will not	be listed as t
cument's effective date on the Dep	artment of State	s records.				
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Filing Fee: \$25.00