

L11000031625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

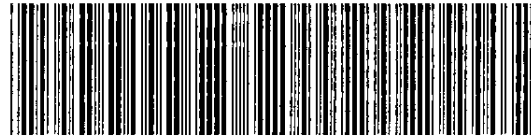
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY 10 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ocean One Investments Pro 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:

Diego Lobato

Name of Person

Ocean One Investments Pro LLC

Firm/Company

9710 STIRLING RD SUITE 104

Address

COOPER CITY FL 33024

City/State and Zip Code

diegolobato702@gmail.com

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

For further information concerning this matter, please call:

Diego Lobato

Name of Person

at (**310**)

9187308

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

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**(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company))**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
MGR	Diego Lobato	9710 Stirling Rd Suite 104 Cooper City FL 33024	☒ Add ☐ Remove
MGRM	Martin Lobato	9710 Stirling Rd Suite 104 Cooper City FL 33024	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated May, 6th, 2011.

Signature of a member or authorized representative of a member

Diego Lobato

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA