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EXAMINER



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Division of Corp	orations		
SUBJECT:	Promotora	Oceania 412 LLC	
<u></u>		ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
	dence concerning this matter	•	
	and the second s	to me tonowing.	
		Joy Sternthal Name of Person	
	Pron	notora Oceania 412 LLC Firm/Company	
	1755 E Ha	llandale Beach Blvd Apt 170 Address	02
•			
	<u></u>	Hallandale FL 33009 City/State and Zip Code	
	iovs		
		sternthal@hotmail.com to be used for future annual report notific	ation)
For further information cor	ncerning this matter, please c	all:	
	Sternthal		191-5190
Name of I	Person	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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
266! Executive Center Circle
(Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Promotora Oce	ania 412 LL	.C	
(<u>N</u> a	me of the Limited Liability Compa (A Florida Limited I	ny as it now appe Liability Company)	ars on our records.)	
The Articles of Organization	for this Limited Liability Company	were filed on	April 18, 2011	and assigned
lorida document number	L11000045830 .			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited liab	ility company he	ere:	
	ishable and end with the words "Limi	ted Liability Comp	pany," the designation "LL	.C" or the abbreviati
L.L.C."			nord.	
Enter new principal offices	address, if applicable:		<u></u>	* =
Principal office address MU	ST BE A STREET ADDRESS)		≱	8 8 7
			ASS	2
			En c	
nter new mailing address,	if applicable:		77	~
(Mailing address MAY BE A POST OFFICE BOX)	POST OFFICE BOX)			*
			>	
	ered agent and/or registered of new registered office address her		our records, enter th	e name of the n
Name of New Regis	tered Agent:			
New Registered Off	ice Address:			
		E	nter Florida street addre	ess
		<u> </u>	, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title Name 1 **Address Type of Action** 1755 E Hallandale Beach Blvd Apt 1702 Hallandale FL 33009 ₩ Add MGR_ Bella Landman Remove 1755 E Hallandale Beach Blvd Apt Sergio Glanz ✓ Add MGR__ Remove 1702 Hallandale FL 33009 1755 E Hallandale Beach Blvd Apt ✓ Add MGRM Daniella Sternthal 1702 Hallandale FL 33009 Remove 1755 E Hallandale Beach Blvd Apt Juana Aurora Huaman MGR__ 1702 Hallandale FL 33009 1755 E Hallandale Beach Blvd Apt Add Luis Landman MGR__ 1702 Hallandale FL 33009 Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

	
Dated	October 20 , 2011 .
	Signature of a member or authorized representative of a member
	Joy Sternthal Typed or printed name of signee
	Typed or printed name of signee

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Filing Fee: \$25.00