

L11000059726

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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(((H18000200202 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MCDONALD HOPKINS CO., PA
Account Number : I20050000133
Phone : (561) 472-7510
Fax Number : (561) 472-2975

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IRIMAR OCEAN PROPERTIES, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2018 JUL 10 AM 10:53

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Irimar Ocean Properties 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:

Jaimie Paul

Name of Person

McDonald Hopkins LLC

Firm/Company

505 S. Flagler Drive, Suite 300

Address

West Palm Beach, FL 33401

City/State and Zip Code

jmetzger@mcdonaldhopkins.com

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

For further information concerning this matter, please call:

Jaimie Paul

561

472-2121

at ()

Name of 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:
 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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(((1180002002023)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IRIMAR OCEAN PROPERTIES LLC

(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 May 20, 2011 and assigned
Florida document number L11000059726.

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 contain 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)

505 S. Flagler Drive, Suite 300

West Palm Beach, FL 33401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

505 S. Flagler Drive, Suite 300

West Palm Beach, FL 33401

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:

John T. Metzger, Esquire

New Registered Office Address:

505 S. Flagler Drive, Suite 300

Enter Florida street address

West Palm Beach

Florida 33401

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 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

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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 = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
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| | | _____ | <input type="checkbox"/> Change |

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

1. E. C.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 9

2018

~~Signature of a member or authorized representative of a member~~

John T. Metzger, Esquire, as Authorized Representative

Typed or printed name of signee