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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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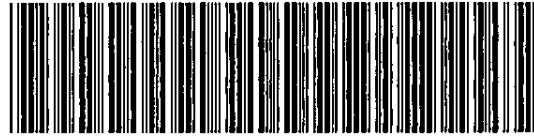
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

MAR 28 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OCEAN RESTORATION & BUILDER OF FLORIDA 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:

WILFREDO RODRIGUEZ SR.

Name of Person

OCEAN RESTORATION & BUILDER OF FLORIDA LLC

Firm/Company

2700 N. MACDILL AVE STE 215

Address

TAMPA, FL 33607

City/State and Zip Code

OCEAN_CONSTUSA@YAHOO.ES

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

For further information concerning this matter, please call:

WILFREDO RODRIGUEZ SR.

Name of Person

at (813)

4846432

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

OCEAN RESTORATION & BUILDER OF FLORIDA OF FLORIDA LL
(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 09/02/2011 and assigned
Florida document number L11000101301.

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:

2700 N. MACDILL AVE STE 215

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33607

Enter new mailing address, if applicable:

2700 N. MACDILL AVE STE 215

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33607

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TALLAHASSEE, FLORIDA

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:

WILFREDO RODRIGUEZ SR.

New Registered Office Address:

2700 N. MACDILL AVE STE 215

Enter Florida street address

TAMPA

, Florida

33607

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.

[Signature]
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>
✓ MGR	Rodriguez Sr., Wilfredo	2700 N Macdill ave ste. 215 Tampa, FL 33607	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
✓ MGR	Rodriguez, Sara M.	2700 N Macdill ave ste. 215 Tampa, FL 33607	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
✓ MGR	Rodriguez Jr., Wilfredo	7510 Saint Vincent Street Tampa, FL 33614	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
✓ MGR	Segovia, Silvio	6915 N Thatcher ave. Tampa, FL 33614	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
✓ MGR	Segovia, Osiel	6915 N Thatcher ave Tampa, FL 33614	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
✓ MGR	Rodriguez, Wilfredo	6608 N Blossom ave. Tampa, FL 33614	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

MGR Gracia de Rodriguez, Sara M. 6608 N. Blossom ave. ✓ remove
Tampa, FL 33614

Dated 21 of March, 2012

Signature of a member or authorized representative of a member

Wilfredo Rodriguez Sr.

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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