L11000 112672

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only

B. KOHR

OCT - 5 2011

EXAMINER



400212028054

10/05/11--01013--010 **25.00

DEPARTMENT OF SLATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

RECEIVED

11 OCT -5 PH 1:21

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| Jade By The Ocean LLC | | | | | |
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| | • | | | Art of Inc. File | |
| | | | | LTD Partnership File | |
| | | | | Foreign Corp. File | |
| | | ! | | L.C. File | |
| | | | | Fictitious Name File | |
| | | | | Trade/Service Mark | |
| | | | | Merger File | |
| | | _ | | Art. of Amend. File | |
| | | | | RA Resignation | |
| | | | <u> </u> | Dissolution / Withdrawal | |
| | | | l | Annual Report / Reinstatement | |
| | | | | Cert. Copy | |
| | | | <u></u> | Photo Copy | |
| | | | l | Certificate of Good Standing | |
| | · · | | l | Certificate of Status | |
| | | | | Certificate of Fictitious Name | |
| | | | | Corp Record Search | |
| | | | | Officer Search | |
| | | | | Fictitious Search | |
| Signature | | | l | Fictitious Owner Search | |
| org.nature | | | | Vehicle Search | |
| | | | | Driving Record | |
| Requested by: SETH | 10/05/11 | | | UCC 1 or 3 File | |
| Nama | $\frac{10/05/11}{\text{Date}}$ | Time | | UCC 11 Search | |
| Name | Daic | Time | | UCC 11 Retrieval | |
| Walk-In | Will Pick Up | | | Courier | |

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| TO: Registration Section Division of Corporations SUBJECT: Name of Limited Liability Company 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: |
| Yaist Cinaces Name of Person |
| Vazouez & Associates Firm/Company |
| 601 Brickell Key Or #702 |
| City/State and Zip Code |
| E-mail address: (To be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person at (305, 301, 80004) Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\$\$ \$60.00 Filing Fee, \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ |

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed 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 Florida document number 411 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address , 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 <u>Address</u> **Title** Type of Action Name ☐ Remove ID-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.) Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00