

L12000037383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2023 JUN-9 PM 3:59
ST
TALLAHASSEE COUNTY

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Oceans Allure, 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:

Rita Scozzafava
Name of Person

Oceans Allure
Firm/Company

11300 Legacy Ave Unit 110
Address

Palm Beach Gardens
City/State and Zip Code

monique@oceansallure.com
E-mail address: (to be used for future annual report notification)

2023 JUN -9 PM 3:59
TALLAHASSEE, FL 32303

For further information concerning this matter, please call:

Monique Comfort at (561) 3392720
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Oceans Allure 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 03/16/2012 and assigned
Florida document number L12000037383.

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)

4580 Donald Ross Road

Suite 107

Palm Beach Gardens FL 33418

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4580 Donald Ross Road

Suite 107

Palm Beach Gardens FL 33418

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:

Monique Comfort

New Registered Office Address:

4580 Donald Ross Road Suite 107

Enter Florida street address

Palm Beach Gardens

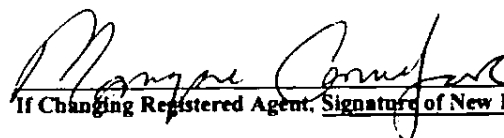
City

, Florida 33418

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

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>
MGR	Monique Comfort	2478 Inland Cove Road	<input checked="" type="checkbox"/> Add
		Palm Beach Gardens FL 33410	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARTIN BAUM	2478 Inland Cove Rd	<input checked="" type="checkbox"/> Add
		Palm Beach Gardens	<input type="checkbox"/> Remove
		FL 33410	<input type="checkbox"/> Change
			<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"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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All available

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.

Dated January 4, 2023

Signature of a member or authorized representative of _____

MONIQUE COMFORT
Typed or printed name of signee

Filing Fee: \$25.00