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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

je

Division of Co	rporations		
SUBJECT:	Name of Limi	LOOK, LLC ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	TED L	Name of Person	<u>. </u>
		Firm/Company	
	355 s	.W. ZND AVE. Address	
	DANIA	City/State and Zip Code	<u>3004</u>
		RUCTION @ HOTMAIL to be used for future annual report notifica	tion)
For further information	concerning this matter, please of	call:	
TED I	of Person	at (<u>954) 257 –</u> Area Code & Daytime T	24258 Telephone Number
Enclosed is a check for	the following amount:		
\$25,00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	S55.00 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 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCEAN OUTLOOK, LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
06/12/12	
The Articles of Organization for this Limited Liability Company were filed onand assigned	
Florida document number <u>L1200007792</u> 9	
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 abbrevia "L.L.C."	_ tion
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)	
	٠.
TAL 12	- ,
B. If amending the registered agent and/or registered office address on our records, enter the name of the	ıew
registered agent and/or the new registered office address here:	
SSI SSI	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street ad	_
, 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 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 **Address** <u>Title</u> Name 1 Type of Action KAY, TED' L MGRM ☐ Add Remove THEODORE L. KAY TRUST MGRM ☐ Add Remove Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NONE Dated 6-25-12 Signature of a member or authorized representative of a member TED L. KAY
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00