

12000090106

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(Business Entity Name)

(Document Number)

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19 DEC 20 PM 3:02

CLERK OF COURT
JANUARY 2020

JAN 24 2020
C McNAIR

Registration Section
Division of Corporations

T: OCEAN AIR PACKING
Name of Limited Liability Company

19 DEC 20 PM 3:02
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

Articles of Amendment and fee(s) are submitted for filing.

Return all correspondence concerning this matter to the following:

MICHAEL McLEAN
Name of Person

OCEAN AIR 3PL LLC
Firm/Company

51 CENTRAL CT.
Address

TARPON SPRINGS, FL 34689
City/State and Zip Code

MICHAELM@OCEANAIR3PL.COM
E-mail address: (to be used for future annual report notification)

For information concerning this matter, please call:

MICHAEL McLEAN at (443) 253-9191
Name of Person Area Code Daytime Telephone Number

is a check for the following amount:

- ☐ \$0 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

OCEAN AIR PACKING

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

19 DEC 20 11 33 PM '12
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN FLORIDA

Articles of Organization for this Limited Liability Company were filed on 7/11/2012 and assigned

Document number L12000090106

Amendment is submitted to amend the following:

Intending name, enter the new name of the limited liability company here:

OCEAN AIR 3PL LLC

Name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

New principal offices address, if applicable:

N/A

Principal office address MUST BE A STREET ADDRESS

New mailing address, if applicable:

N/A

Mailing address MAY BE A POST OFFICE BOX

Intending 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:

N/A

New Registered Office Address:

Enter Florida street address

City, Florida

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is intended 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

Manager
= **Authorized Member**

Address

Type of Action

☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

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

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

If the 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)

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

If the filing 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 filing is made.

12/18

2019



Signature of a member or authorized representative of a member

MICHAEL McLEAN

Typed or printed name of signee