## L12000108845

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
	Ocean Four			
SU 15.1	ECT:		ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Luis A Liscio Guimarães		
			Name of Person	
		<del></del>	Firm Company	
		425 NE 22nd Street, Suite	205	
			Address	
		Miami, Florida 33137		
			City/State and Zip Code	
		luisliscio'a gmail.com		
		L-mail address: (	to be used for luture annual report notif	ication)
For fu	rther information e	oncerning this matter, please ex	all:	
Enc v	an der Vlugt		305 865-5718	
Name of Person			Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ic following amount:		
<b>■</b> \$2	5.00 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 Fallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301

## ARTICLES OF AMENDMENT T() . ARTICLES OF ORGANIZATION OF

2017 JUL -S MIZ: 10
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Ocean Four 3608 LLC

company has been notified in writing of this change.

(Name of the Funited Transitive Compan (A Florida Limited Fi	ability Company)	S. F. ORIO.	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L12000108845</u>	vere filed on 8 23 12	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company bere:		
The new name must be distinguishable and contain the words "I imited I iability	y Company," the designation "I I C"	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)		<del></del>	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the n	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florika street address		
	, Florida		
	Univ	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office o	performance of my duties, and covided for in Chapter 605, F,	Lam familiar with and S. Or, if this document is	

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>	Address	Type of Action
MGRM	Volos Group Limited	2nd Floor, PO Box 2416	
		Road Town, Tortola, BV	<b>Q</b> 11
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	cord specifies a delayed effective 90th day after the record is filed		in effective time,	at 12:01 a.m. or	the earlier o	of:
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Filing Fee: \$25.00