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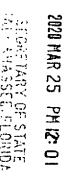
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 ming Officer.

Office Use Only



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APR 07 2020 M. SOLOMON

COVER LETTER

Division of Cor		*			
	n Properties LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter				
	Jacob Finkelsteyn				
·		Name of Person			
	Firm/Company				
	134 S DIXIE HWYSUITE	201			
		Address			
	HALLANDALE BEACH,	FI. 33009			
		City/State and Zip Code	. 		
	4437499@gmail.com	to be used for future annual report noti	(dissilian)		
For further information c	concerning this matter, please co				
Maksim SLyusarchuk	<u>.</u>	786 277 7400			
Name of Person		at ()Area Code Daytim	ne Telephone Number		
Enclosed is a check for the	he following amount:				
		☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ction		
Printed an art Communications		Division of Co.			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

GREAT OCEAN PROPERTIES LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compa	any were filed on 04/20/2018	and assigned
Florida document number $\frac{L/2000/38}{}$	65.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
		<u> </u>
Enter new mailing address, if applicable:		2000 MAR 25
(Mailing address MAY BE A POST OFFICE BOX)		
		PK ST
		122 3 "
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>ente</u> i	r the name of the new registered
Name of New Registered Agent:		
		· ····
New Registered Office Address:	Enter Florida street addre	33.5
	. F	lorida
	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 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Maksim Slyusarchuk	1260 Harbor Court, Hollywood, FL 33019	□Add
			■Remove
			□Change
			□Add
			□Remove
			□Chapter 2920 MA
			2020 MAR 25 PM P: 01 P ONE BRY OF STATEMENT OF ANGSSET TO LORIES
			🗆 Add
			□Remove
			🗀 Add
		·	□Remove
			DChange
	-		🗆 Add
			□Remove
			□Change

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

Filing Fee: \$25.00

Typed or printed name of signee