12000145759

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(Ac	ddress)	
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COVER LETTER

TO: Registration Section
Division of Corporations

95 STREET OCEAN, 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:

DOUGLAS MARIANO

Name of Person

95 STREET OCEAN, LLC

Firm/Company

210 FAIRWAY DRIVE # 221

Address

DEERFIELD BEACH FL 33441

City/State and Zip Code

DOUGLASUSA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUGLAS MARIANO

at (954)650-8686

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 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 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

95 STREET OCEAN, LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears da Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabilit Florida document number L12000145759		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company	"," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	· 	
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:	 	
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		r records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Ente	Florida street address
·		, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MNGM	ELIZABETH B PEREIRA	217 NW 45 AVE	Add
		DEERFIELD BEACH FL 3344	Remove
MNGM	ELIZABETH B SOUZA	217 NW 45 AVE	
		DEERFIELD BEACH FL 3344	Remove
			Add Remove
			_ Add _ Remove
			Add
		TALLAHA #STE	· *
			OV 28 PH 2 2

If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
1	•
ted N	NOVEMBER 26 2012
.ea _	a fully trans
	Signature of a member of authorized representative of a member
	DOUGLAS MAŘIANO

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Filing Fee: \$25.00