

L12000150720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

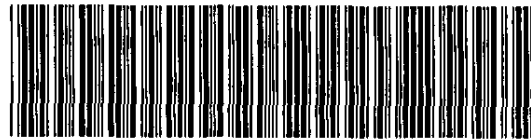
(Business Entity Name)

(Document Number)

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2013 JUN 27 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JUN 28 2013
EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ore marine 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:

haim ore

Name of Person

Paradise Palms Realty Group

Firm/Company

8374 Market Street #159

Address

Bradenton FL 34202

City/State and Zip Code

orre12@gmail.com

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

For further information concerning this matter, please call:

Gene B Burwood

Name of Person

at (941) 704-2306

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JUN 27 PM 12:48

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ORE MARINE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/ 3 /2012 and assigned
Florida document number L12000150720.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8374 Market Street Ste 159

Bradenton FL 34202

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8374 Market Street Ste 159

Bradenton FL 34202

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CLERK OF CIRCUIT COURT
JALAH ASSEF, CLERK
TALLAHASSEE, FLORIDA

B. If amending 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:

Haim Ore

New Registered Office Address:

8374 Market Street #159

Enter Florida street address

Bradenton

City

Florida 34202

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Yaron Devald	8215 blaikie ct.	<input type="checkbox"/> Add
		unit 113	<input checked="" type="checkbox"/> Remove
		Sarasota fl 34240	
MGRM	Haim Ore	1253 east 7 st	<input checked="" type="checkbox"/> Add
		Brooklyn NY 11230	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2013 JUN 27 PM 12:48

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

Dated _____, _____



Signature of a member or authorized representative of a member

Haim Ore

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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