

**U13 00000 7038**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000310180 3)))



H180003101803ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6393

From:

Account Name : COHEN & GRIGSHY, P.C.  
Account Number : 120030000042  
Phone : (239) 390-1912  
Fax Number : (239) 390-1901

OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
OF THE STATE OF  
FLORIDA

2018 OCT 26 AM 8:50

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: C.pierce@cohenlaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
OYSTER PEARL LLC

T. CLINE

OCT 29 2018

EXAMINER

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2018 OCT 26 11:10:31

Electronic Filing Menu

Corporate Filing Menu

Help

(((H18000310180 3)))

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

OYSTER PEARL 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 January 14, 2013 and assigned  
Florida document number L13000007038.

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

*Enter Florida street address*

City, Florida 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, 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Dieter Neubronner	9155 Gulf Shore Drive Apt 402	<input type="checkbox"/> Add
		Naples FL 34108	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jutta Neubronner	9155 Gulf Shore Drive Apt 402	<input type="checkbox"/> Add
		Naples FL 34108	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2018 OCT 26 AM 8:50  
RECEIVED  
PALLAN KASSEE, FLORIDA

(( (M18000370180 3)))

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

FILED  
2016 OCT 26 AM 8:50  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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)

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

If the record 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 record is filed.

Dated October 23 2018

Signature of a member or authorized representative of a member

Felix A. Mehler, Authorized Representative

Typed or printed name of signer