

L13 0000 18526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

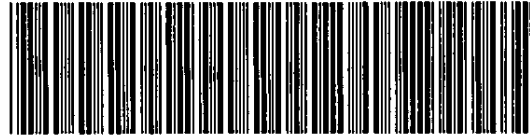
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

JUN -7 2013

T CLINE

COVER LETTER

**TO: Registration Section
Division of Corporations**

Oceans 92 LLC

SUBJECT: _____
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:

Lyle Livesay

Name of Person

Oceans 92 LLC

Firm/Company

1835 E. Hallandale Beach Blvd STE 738

Address

Hallandale Beach FL 33309

City/State and Zip Code

imperiumholdings13@gmail.com

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

For further information concerning this matter, please call:

Lyle Livesay

404 7885543

at ()

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

FILED
2013 JUN -6 AM 11:14
STATE OF FLORIDA
TALLAHASSEE, FL

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

Oceans 92, 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 02/04/2013 and assigned
Florida document number L13000018526.

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)

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:

<u>Name of New Registered Agent:</u>	Joshua A. Fox and Associates
<u>New Registered Office Address:</u>	1835 E Hallandale Beach Blvd STE 738
	<i>Enter Florida street address</i>
	Hallandale Beach, Florida 33309
	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.

 06-03-2013
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

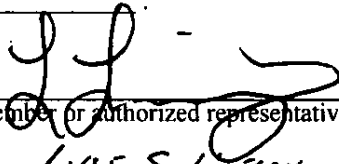
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Richard Stuckey	442 NW 81st ST	<input checked="" type="checkbox"/> Add
		Miami, FL 33150-2811	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 TALLAHASSEE, FLORIDA

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

LYLE S. LIVESAY

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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