## 2/300002842/

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Boodine Namboly			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
, 4 <del>4</del> -			
/AUG - 9 2013			
A. LUNT			

Office Use Only



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## **COVER LETTER**

	`	COVER LETTER			
TO: Registration Se Division of Cor					
<sub>subject:</sub> Ocea	ın Drive Carrie	r, LLC.			
SUBJECT:		ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Vladimir Lyu	belsky			
		Name of Person	_ <del></del>		
Ocean Drive Carrier, LLC.					
		Firm/Company			
	40 Pine Brook Dr				
		Address			
	Palm Coast,	FL 32164			
		City/State and Zip Code	<del>_</del>		
	ocdcarrier@gma E-mail address: (t	II.COM o be used for future annual report notificati	on)		
For further information c	oncerning this matter, please ca	•	,		
Vlad	at (386) 569-0009				
Name o	f Person	Area Code & Daytime Te			
			,		
Enclosed is a check for the	he 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		

**MAILING ADDRESS:** 

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

## STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

n our records.)			
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" the designation "LLG	C" or the	abbreviatio	
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records, enter the	name	of the nev	
	•		
New Registered Office Address:  Enter Florida street address			
. Florida			
	Zip Cod	le	
	records, enter the	"the designation "LLC" or the	

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.

D. If amending any oth	ner information, enter change(s) here: (Attach additional sheets, i	if necessary.)
·		
		<u> </u>
	. ,	
	Trans-	
. <u>.</u> :	Signature of a, member or authorized representative of a membe	er
	Typed or printed name of signee	
	Page 3 of 3	<b>20</b>
	Filing Fee: \$25.00	2013 A.U.G.
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