## L13000034017

| (Re                     | questor's Name)   |           |
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| (Cit                    | y/State/Zip/Phone | · #)      |
|                         |                   |           |
| PICK-UP                 | ☐ WAIT            | MAIL      |
| (Bu                     | siness Entity Nan | ne)       |
| (Do                     | cument Number)    |           |
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APR 22 2013 J. BRYAN

## **COVER LETTER**

|                   | ation Section<br>n of Corporations  |
|-------------------|---|
| SUBJECT:          | OCEAN CONSTRUCTION AND DEVEROPMENT LLC  |
|                   | Name of Limited Liability Company   |
| The enclosed Ar   | ticles of Amendment and fee(s) are submitted for filing.  |
| Please return all | correspondence concerning this matter to the following:   |
|                   | TETRITY SAMES MARCUM  Name of Person  OCYAN CONSTRUCTION AND DEVELOPMENT FIRM/Company  1109 LINKS 10F CT. EAST  |
|                   | OCEAN CONSTRUCTION AND DIVITOPMONTED TO THE FIRM/Company  |
|                   | 1109 LINKS 10F CT. EAST   |
|                   | ATANTIC BEACH FL 32233  City/State and Zip Code   |
|                   | E-mail address: (to be used for future annual report notification)  |
| For further infor | mation concerning this matter, please call:   |
| JETRI             | Name of Person at ( 909) 654 6511  Area Code & Daytime Telephone Number   |
| Enclosed is a ch  | eck for the following amount:   |
| \$25.00 Filing    | g Fee \$\square\$\$30.00 Filing Fee & \$\square\$\$\$55.00 Filing Fee & \$\square\$ |

Certified Copy

(additional copy is enclosed)

**MAILING ADDRESS:** 

Certificate of Status

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

## STREET/COURIER ADDRESS:

Certified Copy

Certificate of Status &

(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



| OCEAN CONST   |                 |                  |  |                     | رمير                 | 35      |
|---|-----------------|------------------|--|---------------------|----------------------|---------|
| ( <u>Name of the Limited 1</u><br>(A F  | Florida Limited | Liability Compa  | ppears on our re<br>any)               | ecoras.)            | S.                   |         |
| The Articles of Organization for this Limited Lia Florida document number <u>W 1 3 0 0 0 1 7</u> # L 13 0 0 0 3 4   | 632.            |                  | , ,                                    |                     |                      |         |
| # $L13000034$ This amendment is submitted to amend the followard formula $L13000034$ A. If amending name, enter the new name of the submitted $L13000034$ | wing: NA        | me co            | RRECTION                               | - (MTS-             | -SPELLEX<br>STRUCTIO | ov."    |
| A. If amending name, enter the new name of t  | he limited liab | oility compan    | <u>v here</u> :                        | 1~7                 | HE NAMO              | ゠ノ      |
| 00-11 0 00-0  |                 | A 10             |  | - , , .             | <b>7</b> .           |         |
| The new name must be distinguishable and end with "L.L.C."  | the words "Lim  | ited Liability C | ompany," the des                       | signation "LLC      | or the abbre         | viation |
| Enter new principal offices address, if applical  | ble:            | NA               | (STAYS                                 | THE SA              | nE)                  |         |
| (Principal office address MUST BE A STREET  | ADDRESS)        |                  |  |                     | ,                    |         |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE B  | <u>0X)</u>      | NA               | (STAYS                                 | THE SA              | ME                   |         |
| B. If amending the registered agent and/or registered agent and/or the new registered offi  | _               |                  | on our record                          | ds, enter the       | name of th           | e new   |
| Name of New Registered Agent:   | NA              | (STAYS           | TITE SA                                | me)                 |                      |         |
| New Registered Office Address:  | ~4              | (stays           | THE SA<br>THE SA<br>Enter Florida      | AML) street address | s                    |         |
|   |                 |                  | I                                      | 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 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> **Address Type of Action** <u>Name</u> NA Remove Remove Add Remove

| . If ame | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |       |
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| ited     | <u>4-17-2013</u>  | 6     |
|          |   | 3/    |
|          | Signature of a member or authorized representative of a member                                | , i.  |
|          | TYPED OF Printed name of signee   | Tri . |
|          |   |       |
|          | Page 3 of 3   |       |

rage 5 of 5

Filing Fee: \$25.00