

L130001485 25

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : DOANE & DOANE, P.A.  
Account Number : I20110000089  
Phone : (561)656-0200  
Fax Number : (561)622-0336

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

Email Address: Cwaters@doanelaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
VIEW OCEAN PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

EFFECTIVE DATE 10/10/14

RECEIVED

14 OCT 13 PM 12:00

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

14 OCT 13 AM 11:40

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Oct. 13. 2014 1:36PM

No. 6799 P. 2/5

((H14000239324 3))

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: VIEW OCEAN PROPERTIES, 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:

**Randell C. Doane, Esq.**

Name of Person

**Doane & Doane, P.A.**

Firm/Company

**2000 PGA Blvd., Suite 4410**

Address

**North Palm Beach, FL 33408**

City/State and Zip Code

**cwaters@doanelaw.com**

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

For further information concerning this matter, please call:

**Claire Waters**

Name of Person

**561 656-0207**

at (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

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

**VIEW OCEAN PROPERTIES, LCC**

(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 October 21, 2013 and assigned Florida document number L13000148525.

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)**

No. 6, Patmou Street  
N. Smyri  
Greece

**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**

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SECRET, FLORIDA

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Oct. 13. 2014 1:36PM 3)))

No. 5799 P. 4/5

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

Title                      Name                                      Address                                      Type of Action

MGR                      Rivalen Properties, Inc. Trust Company                      Ajeltake Road                                       Add

Ajeltake Island, Majuro, Marshall Islands, MH-96960                                       Remove

MGR                      Georgios Geronymakis                      6, Patmou Street                                       Add

17123 N. Smyrni, Athens, Greece                                       Remove

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                                       Add

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                                       Remove

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                                       Add

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                                       Remove

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                                       Add

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                                       Remove

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                                       Add

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                                       Remove

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No. 6799 P. 5/5

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

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**E. Effective date, if other than the date of filing:** October 10, 2014 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 13, 2014

*Rc Doane*

Signature of a member or authorized representative of a member

RANDELL C. DOANE, ESQ., Registered Agent

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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STATE DEPARTMENT OF SHARPS  
TALLAHASSEE, FLORIDA

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