L13000161853

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO:	Registration Section Division of Corpo			
SUBJI	ECT:	OCEAN BAY 113 Name of Limite	B LLC ed Liability Company	
The en	closed Articles of Ar	nendment and fee(s) are subr	nitted for filing.	
Please	return all correspond	ence concerning this matter t	to the following:	
		JR Ste	Name of Person	
			Name of Person	
		OCEAN I	Say 113 LLC	
			Firm/Company	
		101425	Overseas Hwy, Ste	292
			Address	
		Icey Land	City/State and Zip Code	<u></u>
			•	
		jillrstere	2n S @ me . Com o be used for future annual report notificati	
		E-mail address: (u	o be used for future annual report notificati	on)
For fur	rther information cor	cerning this matter, please ca	all:	
	Jill SH	nens	at (305) 522 - 48 Area Code & Daytime Te	69
	Name of I	Person	Area Code & Daytime Te	lephone Number
Enclos	sed is a check for the	following amount:		
\$2.	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCLAN	Bay 113, LLC			
(<u>Name of the Limited Liabili</u> (A Florida	ty Combany as it now appears on a Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	and assigned		
Florida document number <u>L43000161853</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here:			
The new name must be distinguishable and end with the w 'L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADL	<u>DRESS)</u>			
		FIL NOV 2 ETAS AHASS		
Enter new mailing address, if applicable:		Si 20 [
Mailing address MAY BE A POST OFFICE BOX)				
		20 E G		
		26 DA		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		records, enter the name of the nev		
registered agent und/or the new registered office ad	icu eso nere.			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, 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>	<u>Name</u>	Address	Type of Action
MGRM	DIMITRI NESTEL	Suite 292	Add Remove
		Key Largo, Fr 33037	
		I ALL	Remove
		LAHASSELFLO	Add Remove
		ובר A	Add Remove
			Add Remove
			Add
			Remove

other information, enter change(s) here: (Attach additional sheets, if necessary.)
Stered agents were stoud have Esq.
it but it is the same person.
hange I addition con se done, great 1f
VIIP L
Signature of a member or authorized representative of a member
Typed or printed name of signee
Page 3 of 3
Filing Fee: \$25.00
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