

L14000015695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

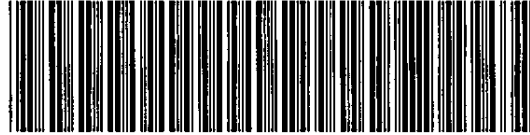
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 MAR 19 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan MAR 20 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**Ocaquatics 3 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:

**Miren Oca**

\_\_\_\_\_  
Name of Person

**Ocaquatics 3 LLC**

\_\_\_\_\_  
Firm/Company

**8675 SW 64th Street**

\_\_\_\_\_  
Address

**Miami, Florida 33143**

\_\_\_\_\_  
City/State and Zip Code

**miren@ocaquatics.com**

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

For further information concerning this matter, please call:

**Miren Oca**

**786**

**390-6446**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 23, 2015

MIREN OCA  
8675 SW 64 STREET  
MIAMI, FL 33143

SUBJECT: OCAQUATICS 3 LLC  
Ref. Number: L14000015695

RECEIVED  
15 MAR 19 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

We have received your document for OCAQUATICS 3 LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

DOS does not file the Operating Agreement. You can file an Amendment to the LLC. I have enclosed a new form.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 615A00003769

**TO  
ARTICLES OF ORGANIZATION  
OF**

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2015 MAR 19 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ocaquatics 3 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 1/29/14 and assigned  
Florida document number L14000015695.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:

N/A

(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:**

Name of New Registered Agent:

N/A

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 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

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

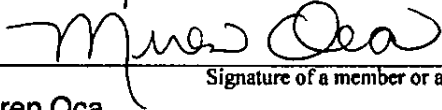
| <u>Title</u> | <u>Name</u>     | <u>Address</u>       | <u>Type of Action</u>                      |
|--------------|-----------------|----------------------|--------------------------------------------|
| AMBR         | Miren Oca       | 8675 SW 64th Street  | <input type="checkbox"/> Add               |
|              |                 | Miami, Florida 33143 | <input checked="" type="checkbox"/> Remove |
| AMBR         | Miren Oca       | 8675 SW 64th Street  | <input checked="" type="checkbox"/> Add    |
|              | Revocable Trust | Miami, Florida 33143 | <input type="checkbox"/> Remove            |
|              | dated August    |                      |                                            |
|              | 15, 2014, Miren |                      |                                            |
|              | Oca, Trustee    |                      |                                            |
|              |                 |                      | <input type="checkbox"/> Add               |
|              |                 |                      | <input type="checkbox"/> Remove            |
|              |                 |                      |                                            |
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|              |                 |                      |                                            |

N/A

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 3/16, 2015



Signature of a member or authorized representative of a member

Miren Oca

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA