

L14 0000 26177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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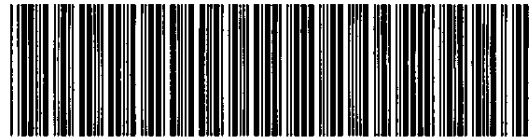
(Business Entity Name)

(Document Number)

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J. G. O'NEILL

J. G. O'NEILL FEB 24 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 4TH & OCEAN, 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:

SANNISE CROSBY

Name of Person

4TH & OCEAN, LLC

Firm/Company

500 NW 2ND AVE SUITE # 15855

Address

MIAMI, FLORIDA 33101

City/State and Zip Code

4OURTHANDOCEAN@GMAIL.COM

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

For further information concerning this matter, please call:

Sannise Crosby

Name of Person

305 942-8996

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

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

4TH AND OCEAN, 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 FEB. 14, 2014 and assigned
Florida document number L14000026177.

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)

500 N.W. 2nd Ave

Suite # 15855

MIAMI, FLORIDA 33101

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

500 N.W. 2nd Ave

Suite # 15855

MIAMI, FLORIDA 33101

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:

Sannise S Crosby

New Registered Office Address:

18800 NW 29TH AVE

Enter Florida street address

Miami Gardens

City

, Florida 33056

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Derrick Baker	18540 SW 39th Street Miramar, Florida 33029	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Cainon Lamb	9331 SW 7th Street Pembroke Pines, Florida 33025	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Rayvon R. Cawley	3101 SW 37th Terrace West Park, Florida 33023	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Khari C. Popplewell	2817 Van Buren # 4 Hollywood, Florida 33020	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Rayeen R. Morris	2118 Plunkett Street Hollywood, Florida 33020	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Tyrone McGowan Jr.	261 NW 38th Avenue Ft. Lauderdale, Florida 33311	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

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 February 19, 2014.



Signature of a member or authorized representative of a member

Rayvon Cawley

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
TALLAHASSEE, FLORIDA
16 FEB 21 09:15