

L14 0000 59451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100340360291

0.00 100340360291 0000

60.00

2023 11 17 10:53

R. WHITE  
MAR 06 2023

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** OCEAN BLUE CAPITAL LLC III

\_\_\_\_\_  
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:

J. BROCK MCCLANE

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

FISHER RUSHMER, P.A.

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

390 NORTH ORANGE AVENUE, SUITE 2200

\_\_\_\_\_  
Address

ORLANDO, FLORIDA 32801

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

DKALLAS@FISHERLAWFIRM.COM

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

For further information concerning this matter, please call:

DEBORAH A. KALLAS

407

843-2111

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2020F -- 11 7:10:53

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

OBC WOODSPRING INVESTORS LLC I

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**(Principal office address MUST BE A STREET ADDRESS)**

***(Mailing address MAY BE A POST OFFICE BOX)***

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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>                      |
|--------------|-----------------------|-------------------------------------|--|
| MGR          | LIVINGSTON PROPERTIES | PARTNERSHIP LLC                     | <input type="checkbox"/> Add               |
|              |                       | 390 NORTH ORANGE AVENUE, SUITE 2200 | <input checked="" type="checkbox"/> Remove |
|              |                       | ORLANDO, FLORIDA 32801              | <input type="checkbox"/> Change            |
| MGR          | J. BROCK MCCLANE      | 390 NORTH ORANGE AVENUE, SUITE 2200 | <input checked="" type="checkbox"/> Add    |
|              |                       | ORLANDO, FLORIDA 32801              | <input type="checkbox"/> Remove            |
|              |                       |                                     | <input type="checkbox"/> Change            |
|              |                       |                                     | <input type="checkbox"/> Add               |
|              |                       |                                     | <input type="checkbox"/> Remove            |
|              |                       |                                     | <input type="checkbox"/> Change            |
|              |                       |                                     | <input type="checkbox"/> Add               |
|              |                       |                                     | <input type="checkbox"/> Remove            |
|              |                       |                                     | <input type="checkbox"/> Change            |
|              |                       |                                     | <input type="checkbox"/> Add               |
|              |                       |                                     | <input type="checkbox"/> Remove            |
|              |                       |                                     | <input type="checkbox"/> Change            |
|              |                       |                                     | <input type="checkbox"/> Add               |
|              |                       |                                     | <input type="checkbox"/> Remove            |
|              |                       |                                     | <input type="checkbox"/> Change            |

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature

J. BROCK MCCLANE

**Filing Fee: \$25.00**