LI400017359

(Requestor's Nam	ne)	
(Address)		
(Address)		
(City/State/Zip/Ph	one #)	
PICK-UP WAIT	MAIL	
(Business Entity I	Name)	
(Document Number)		
Certified Copies Certifica	ates of Status	
Special Instructions to Filing Officer:		
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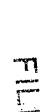


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SECRETARY OF STATE AND ANALYSEF FOREIGN

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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 25, 2015

GRISEL CALDERO LAW OFFICE OF VALERIA SCHVARTZMAN 15807 BISCAYNE BLVD, STE 113 NORTH MIAMI BEACH, FL 33160

SUBJECT: OCEAN BLUE MIAMI LLC

Ref. Number: L14000077359

We have received your document for OCEAN BLUE MIAMI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 415A00024930

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COVER LETTER

	stration Sec sion of Corp				
SUBJECT:	OCEA	N BLUE MIAMI I	LC		
SUBJECT:			ted Liability Company		
The enclosed	Articles of a	Amendment and fee(s) are sub-	nitted for tiling.		
Please return	all correspo	ndence concerning this matter	to the following:		
		GRISE	L CALDERO Name of Person		
		LAW OFFICE	OF VALERIA SCHVART	ZMAN	
			Firm/Company	· ·	
		15807 E	SISCAYNE BLVD, STE 113		
			Address		8.4 4.5
		NORT	TH MIAMI BCH, FL 33160	CO F *	1
		យ	City/State and Zip Code risel@schvartzmanlaw.com		
			to be used for future annual report notif		C
For further in	nformation c	concerning this matter, please or	ali:	- 100 H	
G		CALDERO	at (<u>305</u>) <u>974-0114</u>		
	Name o	nt Person	Area Code Daytim	e Telephone Number	
Enclosed is a	check for t	he following amount:			
№ \$25,00 F	iling 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)	
	Regist Divisio P.O. B	JING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpor Clitton Building 2661 Executive Ce	on rations	
		Tallahassee, FL 32			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

О	CEAN BLUE MIAMI LL	ıC	
(Name of the Limit	ed Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited L	iability Company were filed on <u>05/1</u>	3/2014 and assigned	
Florida document number <u>L1400007735</u>	9		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability company here:		
The new name must be distinguishable and end with the	words "Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
	- A ALL MAN AND AND AND AND AND AND AND AND AND A	to a supplied transmission of automorphisms of polytheral decontractions of the state of the sta	
Enter new mailing address, if applicable:		280 124	
(Mailing address MAY BE A POST OFFICE	BOX)		
		25-7-1 C 10-20	
B. If amending the registered agent and registered agent and/or the new registered of		ir records, enter the name of the ne	
		92 2	
Name of New Registered Agent:	LAW OFFICE OF VALERIA SC	HVARTZMAN	
New Registered Office Address: 15807 BISCAYNE BLVD, STE 113			
-	Enter Florida	street address	
	NORTH MIAMI BCH	, Florida 33160	
	Cıḥ	Zıp 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, thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Address	Type of Action
MBR	TOBAL, MARIA D	500 BAYVIEW DR 1828 SUNNY ISLES, FL 33160	
			Add
			□ Remove
	·	<u> </u>	Add
			Add T
			□ Add
			☐ Remove
			🗆 Add
			🗆 Remove

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

11/20 . 2015

Signature of a member or authorized representative of a member

MARIA D. TOBAL

Typed or printed name of signee

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