## 140000 80 453

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
|                         |                    |           |
| (Ad                     | ldress)            |           |
|                         |                    |           |
| (Ad                     | idress)            |           |
|                         |                    |           |
| (Cit                    | ty/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT             | MAIL      |
|                         |                    |           |
| (Bu                     | siness Entity Nam  | e)        |
|                         |                    |           |
| (Do                     | ocument Number)    |           |
|                         |                    |           |
| Certified Copies        | _ Certificates     | of Status |
|                         |                    |           |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |

Office Use Only



400429182724

05/07/24--01043--018 **\*\***\$5.00

2024 KAY - 7 PT 1: 30

## **COVER LETTER**

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| CHRIECT.                      | OCEAN SC                                     | DLUTIONS LLC  |                                  |                       |             |
|-------------------------------|--|---|----------------------------------|-----------------------|-------------|
| SUBJECT:                      | Name of Lim                                  | ited Liability Company                                      |                                  |                       |             |
| The enclosed Articles of      | Amendment and fee(s) are sub                 | mitted for filing.  |                                  |                       |             |
| Please return all correspo    | ndence concerning this matter                | to the following:   |                                  |                       |             |
|                               | DONALD SMITH, ESQ.                           |   |                                  |                       |             |
|                               |  | Name of Person  |                                  | -                     |             |
|                               |  | Firm/Company  | <u> </u>                         | _                     |             |
|                               |  |   |                                  |                       |             |
|                               |  | Address   |                                  | _                     |             |
|                               | ROCHESTER, NY 14618                          |   |                                  |                       |             |
|                               | City/State and Zip Code                      |   |                                  |                       |             |
|                               | don@afylaw.com                               |   |                                  | <u>- 8</u>            | <u>.</u>    |
|                               | E-mail address: (                            | to be used for future annual                                | report notification)             |                       | 900t 15.40  |
| For further information co    | oncerning this matter, please co             | all:  |                                  | - 1.+<br>- 1.+<br>- 1 | ا<br>ا<br>ا |
| DONALD SMITH                  |  |   | 9-1107  Daytime Telephone Number | ·                     |             |
| Name of                       | Person                                       | Area Code   | Daytime Telephone Number         | : <b>r</b><br>        | ру II: 30   |
| Enclosed is a check for th    | e following amount:                          |   |                                  | • •                   | ,           |
| □ \$25.00 Filing Fee          | ☐ \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enc | Certific<br>losed) Certified     | ate of Status &       |             |
| Mailing Addres Registration S | s:<br>Section                                | <u>Street Ac</u><br>Registra                                | Idress:<br>ation Section         |                       |             |
| Division of C                 |  |   | n of Corporations                |                       |             |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| OCEAN SOL  | JUTIONS LLC  |                         |  |  |  |  |
|--|--|-------------------------|--|--|--|--|
| ( <u>Name of the Limited Liability Con</u><br>(A Florida Limit   | npany as it now appears on ou<br>ed Liability Company) | r records.)             |  |  |  |  |
| The Articles of Organization for this Limited Liability Compa<br>Florida document number <u>L14000080453</u> .   | iny were filed on05/10                                 | 6/2014                  | and assigned                               |  |  |  |
| This amendment is submitted to amend the following:  |  |                         |  |  |  |  |
| A. If amending name, enter the new name of the limited li  | ability company here:                                  |                         |  |  |  |  |
| NO CHANGE  |  |                         |  |  |  |  |
| The new name must be distinguishable and contain the words "Limited Li   | ability Company," the designati                        | on "LLC" or the abb     | reviation "L.L.C."                         |  |  |  |
| Enter new principal offices address, if applicable:  | NO CHANGE  |                         | - r-J                                      |  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  |  |                         | SE 77.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. |  |  |  |
| Enter new mailing address, if applicable:  | c/o EISNERAMPER  |                         |  |  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   | 505 SOUTH FLAGLER DRIVE, SUITE 900                     |                         |  |  |  |  |
|  | WEST PALM BEACE  | $\omega$                |  |  |  |  |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  NO CHANC |  | , <u>enter the name</u> | of the new register                        |  |  |  |
| Name of New Registered Agent:  | · · · · · · · · · · · · · · · · · · ·                  |                         |  |  |  |  |
| New Registered Office Address:   | Enter Florida stree                                    | et 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>       | Type of Action  |
|--------------|----------------|----------------------|-----------------|
| AMBR         | CHERI L. JONES | 5070 HIGHWAY A1A     |                 |
|              |                | SUITE 250            | <b>≡</b> Remove |
|              |                | VERO BEACH, FL 32963 |                 |
|              | <u></u>        |                      | □Add            |
|              |                | <del></del>          | □ Remove :      |
|              |                |                      |                 |
|              |                |                      | □Remove         |
|              |                |                      | □Change         |
|              | <del></del>    | <del></del>          | □Add            |
|              |                | <del></del>          | □Remove         |
|              |                |                      | □Change         |
|              |                |                      | \Add            |
|              |                |                      | □Remove         |
|              |                |                      | Change          |
|              |                |                      |                 |
|              |                |                      | □Remove         |
|              |                |                      | □Change         |

|   |  |                                       |                  |  |   |                          | <del></del>                |
|---|--|---------------------------------------|------------------|--|---|--------------------------|----------------------------|
|   |  |                                       |                  |  |   |                          | <del></del>                |
|   |  |                                       |                  |  |   |                          |                            |
|   |  |                                       |                  |  |   |                          |                            |
|   |  |                                       |                  |  |   |                          |                            |
|   |  |                                       |                  |  |   |                          |                            |
|   |  |                                       |                  |  |   |                          |                            |
| ****  |  |                                       |                  | <u>-</u>                               |   |                          | -3                         |
|   |  |                                       |                  |  |   | <u> </u>                 | <u> </u>                   |
|   |  | <u> </u>                              |                  |  |   |                          | 1                          |
| ·   |  |                                       |                  |  |   | 11                       |                            |
|   |  |                                       | <del></del>      |  |   |                          |                            |
|   |  |                                       |                  |  |   | •                        | تدا                        |
|   |  |                                       |                  |  |   |                          |                            |
|   |  |                                       |                  |  |   | <u></u>                  |                            |
|   |  |                                       |                  |  |   |                          |                            |
|   |  |                                       |                  |  |   |                          |                            |
| ffective date, if other than the date is listed, the date is listed. The date in this ocument's effective date on the | iust be specific and<br>block does not r | d cannot be prior<br>meet the applica | able statutory f | or more than 90 da<br>iling requiremen | (optional)<br>ys after filing<br>nts, this date | ) Pursuant<br>will not b | to 605.0207<br>e listed as |
| record specifies a delayed effect is filed.   | tive date, but not                       | t an effective tir                    | ne, at 12:01 a.  | m. on the earlie                       | rof:(b) Th                                      | e 90th day               | after the                  |
| ated  |  | 2024                                  | _ ·              |  |   |                          |                            |
|   |  |                                       |                  |  |   |                          |                            |
|   | & MW Signature of a                      | Smth                                  | ri rod ranswaas  | live of a member                       |   |                          |                            |