

L140001 52632

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(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 3901 S. Ocean Drive, 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:

Daniel Wagner, Esq.

Name of Person

Daniel Wagner, P.A. d/b/a Wagner & Associates

Firm/Company

20137 NE 16th PLace

Address

Miami, FL 33179

City/State and Zip Code

daniel@danielwagnerlaw.com

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

For further information concerning this matter, please call:

Daniel Wagner, Esq.

305 919-7788  
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  
2601 Executive Center Circle  
Tallahassee, FL 32301

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

3901 S. Ocean Drive, 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 09/30/2014 and assigned  
Florida document number L14000152632.

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)**

**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:**

**New Registered Office Address:**

Enter Florida street address

City, 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 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>                   |
|--------------|---------------|------------------------|-----------------------------------------|
| MGR          | JoAnn Sonsini | 4664 Island Reef Drive | <input checked="" type="checkbox"/> Add |
|              |               | Wellington, FL 33449   | <input type="checkbox"/> Remove         |
|              |               |                        | <input type="checkbox"/> Add            |
|              |               |                        | <input type="checkbox"/> Remove         |
|              |               |                        | <input type="checkbox"/> Add            |
|              |               |                        | <input type="checkbox"/> Remove         |
|              |               |                        | <input type="checkbox"/> Add            |
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|              |               |                        | <input type="checkbox"/> Add            |
|              |               |                        | <input type="checkbox"/> Remove         |

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

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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 December 16, 2014.

Robert DeMarco

Signature of a member or authorized representative of a member

Robert DeMarco

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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