# 214000196621

(Requestor's Name)
(Address)
(Noticess)
(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



700431205867

06/26/24--01007--002 \*\*60.00



024 JUN 27 PM 3: 52 SECRETARY OF STATE ALL ABACCH OF STATE

A RAMSEY
JUN 28 2024

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

attached	ACCOUNT: 120210000160:check
AUTHORIZATION SIGNATURE:	
One Particular Harbor, LLC L140	00196621
BUSINESS (Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
_X Certified copies of:	
_X Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other LLP	_XAmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
INC	
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign Filing
Fictitious Name	Limited PartnershipReinstatement Trademark
APOSTIL ( )	Other

EXAMINER'S INITIALS:\_\_\_\_

### EOVER LETTER

TO: Registration Section Division of Corporations
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for fine.
Please return all correspondence concerning this matter to the following:
Russ O. Brown Name of Person
Firm/Company
1313 23th Street Ocean
Marathon, FL 33050 City/State and Zin Coc.
Limbourn De hind the glass framing, com E-mail address: (to be used for future annual report polification)
For further information concerning this matter, please call:
K. Kim Brown = 912 313-4070 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status ← Certificate ← Certificate ← Certificate ← Certificate ← Certific

carling Address: Division of Corporations P.O. Box 6327 Tallahassee. FL 32314

Street Address:

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

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

attached	THIS ACCOUNT: 120210000160:check		
<b>AUTHORIZATION SIGNAT</b>	URE:		
One Particular Harbor, LLC L14000196621			
BUSINESS (Name)	Document #		
Walk in	Pick up time		
Mail out	Will wait		
Photocopy			
_X Certified copies of:			
_X Certificate of Status			
NEW FILINGS	<u>AMMENDMENTS</u>		
Profit	X Amendment		
Not for Profit	Resignation of R.A. Officer/Director		
Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
Other	Merger		
LLP	Conversion		
INC			
OTHER FILINGS	REGISTERATION/QUALIFICATIONS		
Annual Report	Foreign Filing		
Fictitious Name	Limited PartnershipReinstatement		
APOSTIL ( )	Trademark Other		
Country			

EXAMINER'S INITIALS:\_\_\_

#### ATTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	28
One Pactica	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co.	1
a	
A. If amending name, enter the new name of the limit 1313 28th Style. The new name must be distinguishable and contain the words "Limit Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDR	et Ocean LLC ted Liability Company," the designation "LLC or the appreviation "L.L.,
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	PO Box 14646 Savannah, GA 31416
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
	RUSS O. BIONN  313 28th Street Ocean  Enter Florida street waares
	Marathon Florida 33050

#### 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 juriner agree to comply with an provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this accument 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 Ageni

if amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or remov	ved from our records:			
MCR =	Manager			

AMBR = Authorized Member

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			□Add
			IRemove
			El Change
			□Remove
<del></del>	<del></del>		DAdd
			:_Remove
			[] Change
			ZAdd
			□Remové
		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change
			□Add
			ZRemove
			[] Change
			□Remove
			ZChange

## 

_	
-	
-	
-	
-	
-	
-	
-	
-	
-	
-	
-	
-	
(If an eff	fective 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 fire  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be distinct seffective date on the Department of State's records.
	cord specifies a delaved effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated	Signature of a member of authorized representative of a member:
	Kim Brown

Page 3 or .-

11 11 400 5 44