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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MOTHER OCEAN PROPERTIES, 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:

WILLIAM J CULLEN III  
Name of Person

MOTHER OCEAN PROPERTIES, LLC  
Firm/Company

11405 LOUVRE PLACE  
Address

TEMPLE TERRACE FL 33617  
City/State and Zip Code

CULLENJAILER @ GMAIL . COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM CULLEN at (813) 404 9712  
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  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

MOTHER OCEAN PROPERTIES, 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 FEB 19, 2015 and assigned Florida document number L15000031722.

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 contain 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)**

11405 LOUVRE PLACE  
Temple Terrace FL 33617

**Enter new mailing address, if applicable:**

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

11405 Louvre Place  
Temple Terrace, FL 33617

**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:**

WILLIAM T. CULLEN III

**New Registered Office Address:**

11405 Louvre Place  
Temple Terrace, FL 33617


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>
AMBR	WILLIAM C. BOWLES, JR	11503 MOFFAT PLACE	<input type="checkbox"/> Add
		TEMPLE TERRACE FL 33617	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ELWINE K. CULLEN	11405 LOUVRE BLVD	<input checked="" type="checkbox"/> Add
		TEMPLE TERRACE FL 33617	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Sept 18, 2018.

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

W. J. Cullen III

Typed or printed name of signee