## LIS000033799

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SECRETARY OF STATE
ALLANASSEE, FLORIE

WAP 5/13/15

## COVER LETTER,

	Cegistrațion Se Division of Cor		•	
SUBJEC	OCEAN 41	5 LLC		
SOBJEC		Name of Limi	ted Liability Company	<del></del>
The enclo	sed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Matthew J. Militzok, Esq.		
			Name of Person	
		Militzok & Levy, P.A.		
			Firm/Company	
		3230 Stirling Road		
		***************************************	Address	
		Hollywood, FL 33021		
			City/State and Zip Code	
		mjm@mllawfl.com		
		E-mail address: (t	o be used for future annual report notif	ication)
For furthe	r information co	oncerning this matter, please ca	ill:	
Matthew	J. Militzok		954 727-8570 at () Taytime	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.00	O 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

OCEAN 415 LLC			
(Name of the Lim	ited Liability Company as it now at (A Florida Limited Liability Compa	ny)	<del>-</del>
The Articles of Organization for this Limited Florida document number £15000033799	Liability Company were filed or	02/23/2015	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability compan	<u>v here</u> :	
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 appli	icable:	····	
(Principal office address MUST BE A STRE	ET ADDRESS)	···	
			<u> </u>
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	d/or registered office address		r the name of the ne
New Registered Office Address:	5650 ST:1 I'M	Florida street address	
	thelly wood	, Florida _	33 <b>02</b> 1 Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		<b>A</b> (c) =
I hereby accept the appointment as register provisions of all statutes relative to the proaccept the obligations of my position as register being filed to merely reflect a change in the company has been notified in writing of this	per and complete performanc gistered agent as provided for e registered office address, I h	e of my duties, and I am in Chapter 605, F.S. Oi	familiar with and in this document is impled liability in FS 22.

. 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>	Address	Type of Action
AMBR	Clojess Holdings, LLC	3230 Stirling Road	■ Add
		Hollywood, FL 33021	Remove
			□ Change
MGR	OHAYON, GEKY	1904 S OCEAN DR #203	
		HALLANDALE, FL 33009	■ Remove
			□ Change
			Remove
	•		Change
			Add
		, , , , , , , , , , , , , , , , , , ,	□ Remove
			Change  CONTRACTOR AND
		\$2.50 \$2.50	AR.
			Remove
			———□ Add
			□ Remove
			□ Change

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fective date, if other than th	e date of filing:		(ontion	al)
fective date, if other than the un effective date is listed, the date mu	ust be specific and cannot be	prior to date of filing or	more than 90 days after fi	ing.) Pursuant to 605.020
ote: If the date inserted in this temperates on the learning of the learnin	plock does not meet the ap Department of State's reco	plicable statutory filt ords.	ng requirements, this d	ate will not be listed a
			·	
record specifies a delaye	ed effective date but	not an effective	time at 12:01 a :	m on the carlier
The 90th day after the re	cord is filed.	HOL OH CHECKIVE	unie, at 12.01 a.i	
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April 28	2015			A 記 ・
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Typed or printed name of signee

Filing Fee: \$25.00