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(Requ	estor's Name)	_
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(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	me)
(Docu	ment Number)	<u>.</u>
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OCT -8 2018

COVER LETTER

TO:	Registration Sec Division of Corp			
erin ili		NNEY, LLC		
SUBJE	LI:	Name of Lim	ited Liability Company	
The encl	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		BRANDON SELLARI		
		DIVINE DI MAYE MA	Name of Person	
	• •			
		WEST PALM BEACH	Address	
		CSELLARI@DBMSCPA.C		<u></u>
		E-mail address: (to be used for future annual report notific	cation)
For furth	ner information co	ncerning this matter, please ca	all:	
BRANE	OON SELLARI			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	d 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 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

18 OCT - 1 AH 2:32
TALLAHASSEE FLORIDA

OCEAN BINNEY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

npany were filed on 02/25/2015 and assigned		
d liability company here:		
d Liability Company," the designation "LLC" or the abbreviation "L.L.C."		
DIVINE, BLALOCK, MARTIN & SELLARI, LLC		
580 VILLAGE BLVD. STE: 110		
WEST PALM BEACH, FL 33409		
580 VILLAGE BLVD. STE: 110		
WEST PALM BEACH, FL. 33409		
red office address on our records, enter the name of the new ss here:		
Enter Florida street address		
, Florida		
City Zip Code		

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
MGR	FEDERIC ASHTON DEPEYSTER	1200 S. FLAGLER DR. PH #6 WEST PALM BEACH, FL 33401	■ Add
		SMYTH, HAROLD H. 1611 SURFSIDE DR. FORT RERCE FL 3/11/17	■ Remove
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Effectiv	va data lif other than	the date of filing	,.		(antional)	
(If an effe	ve date, if other than ctive date is listed, the date	must be specific and	cannot be prior to dat	of filing or more than 90 o	lays after filing.) Pursuant	to 605.0207 (3
	If the date inserted in thi ent's effective date on th			tatutory filing requireme	ents, this date will not b	e listed as th
		•				
	ord specifies a dela 90th day after the		ate, but not an	effective time, at 1	2:01 a.m. on the e	earlier of:
Ş	SEPTEMBER 28		2018			
Dated _			/ -/// -			
			Lelle-			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00