

L15000039640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

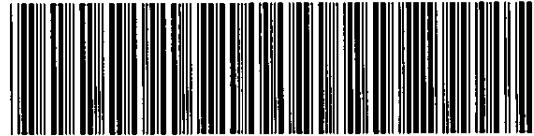
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 13 2015

T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OCEANICA REALTY, 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:

MAREK MALARSKI

Name of Person

OCEANICA REALTY, LLC.

Firm/Company

4875 VOLUNTEER RD.

Address

DAVIE, FLORIDA 33330

City/State and Zip Code

MALARSKIM@GMAIL.COM

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

For further information concerning this matter, please call:

MAREK MALARSKI

Name of Person

at ( 786 ) 281-9131

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

OCEANICA REALTY, LLC

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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          | CRISTHIAN OSORIO | 4175 DAVIE RD. #101  | <input type="checkbox"/> Add               |
|              |                  | DAVIE, FLORIDA 33314 | <input checked="" type="checkbox"/> Remove |
|              |                  |                      |  |
|              |                  |                      | <input type="checkbox"/> Add               |
|              |                  |                      | <input type="checkbox"/> Remove            |
|              |                  |                      |  |
|              |                  |                      | <input type="checkbox"/> Add               |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

MAREK MALARSKI, CHANGE TO MANAGING MEMBER

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 MARCH 12TH, 2015

Signature of a member or authorized representative of a member

MAREK MALARSKI

Typed or printed name of signor

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Filing Fee: \$25.00

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