LISOOO	039640
(Requestor's Name) (Address)	000267692570
(Address) (City/State/Zip/Phone #)	83/13/1501002006 **25.00
(Business Entity Name)	
ertified Copies Certificates of Status Special Instructions to Filing Officer:	DEPARTMENT OF STATE 15 HAR 12 PH 3: 22
Office Use Only	T I L C I SECRE FARY GF STATE TALLANA: SEE. FLORIDA MAR 1 3 2015 T. HAMPTON

COVER	LETTER
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TO: Registration Section Division of Corporations

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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:

2 \$25.00 Filing Fee

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Certificate of Status

Certified Copy (additional copy is enclosed) 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

,

OCEANICA REALTY, LLC

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

The Articles of Organization for this Limited Liability Company were filed on <u>03/03/2015</u> and assigned Florida document number <u>L15000039640</u>.

This amendment is submitted to amend the following:

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A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:	4875 VOLUNTEER RD.	
(Principal office address MUST BE A STREET ADDRESS)	DAVIE, FLORIDA 33330	
	,	
Enter new mailing address, if applicable:	4875 VOLUNTEER RD.	
(Mailing address MAY BE A POST OFFICE BOX)	DAVIE, FLORIDA 33330	

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:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florido street addres:	
	City	, r iorida 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

Page 1 of 3

S MAR 12 ANHO: 07 CRETARY OF STAT LAHASSEE, FLORI فالاربتينية T

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or</u> Authorized Member being added or removed from our records:

_ . . . _ __..

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MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	CRISTHIAN OSORIO	4175 DAVIE RD. #101	🗆 Add
		DAVIE, FLORIDA 33314	Ži Remove
			Ci Add
			Remove
			🖸 Add
		- <u></u>	🖸 Add
			Remove
			C Remove
			D Add
	Page 2	of 3	15 TAL

CRETARY OF STATE MAR 12- AM 10: 07 2 NOVEMIN 2 NOVEMIN 2 E D , 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) (optional) MARCH 1274 Dated_ tive of a member Signi MAREK MALAREKI Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00

FILED 15 MAR 12 AM 10: 07 15 MAR 12 AM 10: 07 SECRETARY OF STATE ALLAHASSEE, FLORIDA

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