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(((H19000194101 3)))



H190001941013ABC-

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC

Account Number : I20149000084 Phone : (305)541-3980

Fax Number : (888)772-8108

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

F 2 1	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BBOCEANDREAM LLC**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BBOCEANDREAM LLC		4.	
(Name of the Lindted Liability Comp (A Florida Linuted	any as it now appears on our reco	ords.)	
The Articles of Organization for this Limited Liability Company were filed on 03/27/2015 an Florida document number L15000054627			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "Li	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		2019	
		:- <u>:</u> ::	
		2 N D	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		59	
B. If amending the registered agent and/or registered office address he		rds, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Emer Florida street ada	TVES	
		Florida	
No. 10 - in and Annual Simutage if shanging Beginnered Agents	Cing.	zip (оы	

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 familier 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 affice 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

H190001941013
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>	Name	Address	Type of Action
MGR	GUERSCHUNY, ANDREA	10185 COLLINS AVE APT 71)	
		BAL HARBOUR, FL 33154	■ Remove
			Change
AMBR	JORGE D BERMAN	10185 COLLINS AVE APT 711	
		BAL HARBOUR, FL 33154	□ Remove
			Change
AMBR	DER CA V CENERAL DE BERMAN	10185 COLLINS AVE APT 711	■ Add 2019
		BAL HARBOUR, EL 33154	Remove 2
			Remove
			Change
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ffective date, if other than the an effective date is listed, the date must	date of filing:	·	(o	otional)		
iote: If the date inserted in this bl	ock does not meet the ap	plicable statutory i	or more than 90 days a filing requirements,	ther filing.) Pu this date will	not be	605,020 Fisted a
ocument's effective date on the D	epartment of State's reco	ords.				
e record specifies a delayed	d effective date, but	not an effectiv	ve time, at 12:0	1 a.m. on	the ea	rlier o
The 90th day after the rec						
oated JUNE, 20th	2010					
	aniel berman Signature of a member or					
	Olardi Malakalak					

Page 3 of 3