L15000071628

(Requestor's Name)
(Address)
(Address)
(Mouress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Maine)
(Document Number)
Certified Copies Certificates of Status

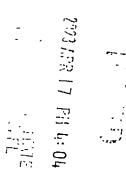
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COVER LETTER

TO:

	egistration Se ivision of Cor				
01 III 111 691	FREE OCE.	AN LLC			
SUBJECT	SUBJECT:Name of Limited Liability Company				
The enclos	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspo	ndence concerning this matter	to the following:		
		Ron Barak			
			Name of Person		
		FREE OCEAN LLC			
			Firm/Company		
		6025 WILEY STREET UN	NT B		
			Address		
		HOLLYWOOD, FL 33023	•		
			City/State and Zip Code		2023 623
		ron@danshar.co.il	to be used for future annual report notification)		23
For further	information co	oncerning this matter, please of			
Tonia Luci	us		239 247-9427		F11 4: 04
	Name of	Person	Area Code Daytime Telephone S	Number F = 1	+10:
Enclosed is	a check for th	e following amount:			
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, entificate of Statu. entified Copy ditional copy is ench	
R D P	ailing Address egistration S ivision of Co O. Box 632 allahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Straffahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FREE OCEAN LLC					
(Name of the Limited Liability Comp. (A Florida Limited	nny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number 115000071628 This amendment is submitted to amend the following:		and assigned			
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabi		or the abbreviation "L.L.C."			
	ans when there				
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	UNIT B	202			
Trincpur office unit cas is our ing it grides in the ing	HOLLYWOOD, FL 33023	2021 AF			
		>J ., ————————————————————————————————————			
Enter new mailing address, if applicable:	6025 WILEY STREET	~			
(Mailing address MAY BE A POST OFFICE BOX)	UNIT B				
	HOLLYWOOD, FL 33023				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter th</u>	e name of the new register.			
New Registered Office Address:	Enter Florida street address				
	, Flori	da			
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.,	I am familiar with and S. Or, if this document is			

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>	Address	Type of Action
AR	Tonia Lucius	6719 Winkler Road, Suite	■ Add
		Fort Myers, FL 33919	Remove
			Add
			☐Remove
-			
			□Remove
			Change
			□Add
			Remove
		<u> </u>	Change
			🖸 Add
			□Remove
			(TChause

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- 		_				
		04/09/2023				
ctive date, if other than the	re date of fili: lust be specific a	ng: nd cannot be prior	to date of filing o		(<mark>optional)</mark> s after filing.) Pu	rsuant to 605.
: If the date inserted in this ment's effective date on the				ling requirement	is, this date wil	l not be liste
	•					
ord specities a delayed effect	ive date, but no	ot an effective t	ime, at 12:01 a.i	n, on the earlier	of: (b) The 90)th day after
filed.						
, April 9		2023				
d			<u> </u>			
	Signature of	a member or auth	orized representat	ive of a member	٠	2023 APT 17

Filing Fee: \$25.00