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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Sec Division of Corp | | E & N & A & | |
|--|--|---|--|
| SUBJECT: | Ocean Name of Limit | Day Realty, LLC ited Liability Company | |
| The enclosed Articles of A | mendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspon | dence concerning this matter | to the following: | |
| | Ca | VOL HUZE | |
| | Ocea | n Day Realty, | LLC |
| | 150 | Wandering T | rail |
| | | Jupiter FL 3 City/State and Zip dode | 33428 |
| | E-mail address: (t | 1 Shazel @ 9 ma to be used for future annual report notifica | cil. com |
| For further information co | ncerning this matter, please ca | til: | |
| Name of | Haze Person | at (517) 749 - 5 Area Code Daytime T 772 - 678 - | |
| Enclosed is a check for the | 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

TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compar (A Florida Limited L | ny as if now appears on our records. |) |
|---|--------------------------------------|------------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 5000 53728</u> | | |
| This amendment is submitted to amend the following: | | · |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil . | ity Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| | | ···· |
| Enter new mailing address, if applicable: | | · |
| Mailing address MAY BE A POST OFFICE BOX) | | · |
| | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | fice address on our records, | enter the name of the new |
| egistered agent and/or the new registered office address here | : | NOV I |
| Name of New Registered Agent: | | SEL O PART |
| New Registered Office Address: | | |
| | Enter Florida street address | ORIDA ida A |
| | City , F10F | 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------|------------------------|----------------|
| AMBR | Lindsay Rae Johnson | 6709 Antiqua Dr #41 | Add |
| | | Fort Collins, CO 80525 | Remove |
| | | | Change |
| AMBR | Jenna Unnae Whitson | 4723 Dunckel Rd | Add |
| | | Lansing, m. 48910 | ■ Remove |
| | | ! | Change |
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| an effective date is | other than the date of listed, the date must be spe | cific and cannot be price | | nore than 90 days at | | |
| | nserted in this block doo ve date on the Departmo | | | ng requirements, t | this date will n | ot be listed as |
| Jeament 3 effecti | ve date on the Departm | ent of state s record | .s. | | | |
| record speci | fies a delayed effec | ctive date, but n | ot an effective | time. at 12:01 | 1 a.m. on th | e earlier o |
| The 90th day | after the record is | filed. | | , | , | |
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| ated | 11-10-15 | , | FTAN | | | |
| | | | 1/1/ | | | |
| | Signatu | ure of a member or aut | horized representative | e of a member | <u> </u> | |
| | | () | 10 11 | / | | |
| | | <u> arol</u> | Sue Ho | 171 | | |

Page 3 of 3

Filing Fee: \$25.00