

216000033006

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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OCT 17 2016

S. YOUNG

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 OCT 17 PM 1:49

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ocean Cash Management 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:

Cesar Sulain

Name of Person

Consulting & Service Solution Corp

Firm/Company

2020 NE 163 St 300

Address

Miami, FL, 33162

City/State and Zip Code

info@CSSTAX.COM

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

For further information concerning this matter, please call:

Cesar Sulain

Name of Person

at ( 786 )

Area Code

38-6740

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)

x 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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 OCT 17 PM 1:49

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Ocean Cash Management LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/17/2016 and assigned Florida document number L16000033006.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability 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)

2020 NE 163 St 300D  
Miami, FL, 33162

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2020 NE 163 St 300D  
Miami FL 33162

**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:

Consulting & Service Solution Corp

2020 NE 163 St 300D

Enter Florida street address

Miami

City

, Florida

33162

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Santiago Ernesto de Andueza	131 NW 13th St. #38.	<input type="checkbox"/> Add
		Boca Raton, FL 33432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA  
26 OCT 17 PM 1:16

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

18 OCT 11 AM

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 10, 2016

Signature of a member or authorized representative of a member

Juan Segundo de Acholina, Mayor

Typed or printed name of signee