

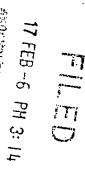
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O SIMMONS FEB 07 2017

COVER LETTER

Division of Corporations
SUBJECT: OCEANICA INVESTMENT GROUP 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:
CRISTHIAN DSORIO
OCEANICA INVESTMENT GROUP HC
4875 VOLUNTEER RD. Address
DAVIE, FL 83330 City/State and Zip Code
CRISTIAN OSORIO 10 A GMail-Om E-mail address: (to be used for fugure annual report notification)
For further information concerning this matter, please call:
CLISTHIAN OSORIO at 954, 907-1753 Name of Person Area Code Daytime Telephone Number
Name of reison Area Code Daytine receptione Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCEANICA :	INVESTME	NT G	roup LL	<u>e</u>	
(Name of the Limited	Liability Company as Florida Limited Liabil	it now annears o	n our records.)		
The Articles of Organization for this Limited Liab Florida document number	oility Company were	e filed on <u>3/</u>	118/2016	and assigned	İ
This amendment is submitted to amend the follow					
A. If amending name, enter the new name of t	he limited liability	company here	:		
The new name must be distinguishable and contain the work	ds "Limited Liability Co	ompany," the desig	gnation "LLC" or the ab		_
Enter new principal offices address, if applicab	ole:				
(Principal office address MUST BE A STREET	ADDRESS)			17 FEB -6	
				6 PM	<u> </u>
Enter new mailing address, if applicable:				့ ပ	
(Mailing address MAY BE A POST OFFICE BOX)					
	_				
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office ce address here:	address on o	ur records, <u>enter</u>	the name of th	e new
Name of New Registered Agent:					_
New Registered Office Address:					
		Enter Florida	street address		
	-	Citr	, Florida	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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	HO FAI SEAN LAM	4875 VoluNTEER RD,	
		DAVIE, FL 33330	Remove
			Change
MGR	HFS LAM SOLO 401K TRUST	4875 VOLUNTEERRD,	t Add
		DAVIE, FL 33330	Remove
			☐ Change
			Remove
			Change Addl 1
			Charge
			□ Remove
			Change
			Add
			☐ Remove
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Effective date f an effective da Note: If the da document's eff	te is listed, the ate inserted in	date must b n this bloc	e specific : k does no	and cann of meet t	he appli	cable sta	f filing or tutory fili	more tha	n 90 days a	ptional) ifler filing. this date) Pursuant t Will not b	to 605.02 e listed :
e record sp The 90th o					, but n	ot an e	ffective	time,	at 12:0	1 a.m.	on the e	arlier
-	n 30	<u>th</u>			201	<u>7</u> .						
Dated						<u>.</u> خ						
Dated	(4										
Dated		Si	gnature of	a memb	er or auth	orized re	presentativ	ve of a m	ember			_

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Filing Fee: \$25.00