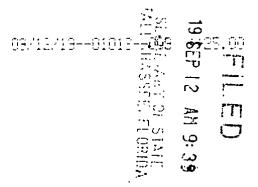
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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## **COVER LETTER**

3001 SOU SUBJECT:	TH OCEAN LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	GARY MANDEL		
	MANDEL ACCOUNTING	Name of Person	
	Name of Person  MANDEL ACCOUNTING  Finn/Company  10811 LISBON STREET  Address  COOPER CITY, FL 33026  City/State and Zip Code  MANDEL1040@AOL.COM  E-mail address: (to be used for future annual report notification)  n concerning this matter, please call:  at (		
	COOPER CITY, FL 3302		
	MANDEL1040@AOL.CO	- · · · · ·	
	E-mail address: (	to be used for future annual report not	tification)
For further information of	concerning this matter, please c	all:	
GARY MANDEL			
Name (	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
MAIL	ING ADDRESS:	STREET/COUR	HER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

Registration Section Division of Corporations

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3001 SOUTH OCEAN LLC	
( <u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Con	appears on our records.) ipany)
The Articles of Organization for this Limited Liability Company were filed	on 03/28/16 and assigned
Florida document number L16000061336	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any 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)	<u> </u>
	S S
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>
	₹ <b>-</b>
B. If amending the registered agent and/or registered office addressistered agent and/or the new registered office address here:	ess on our records, enter the name of the n
registered agent and/or the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	
En	ter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	Zip Code

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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ANA GOLDMAN	7337 ESTRELLA COURT	
		BOCA RATON, FL 33433	_
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			Character Character
	ANA GOLDMAN	7337 ESTRELLA COURT	□ Change
MGR	Alta (IGIA)	7,557 1,51 (1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	
		BOCA RATON, FL 33433	
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record specifies a delayed effectiv he 90th day after the record is file		ot an effective	e time, at 12:01	l a.m. on th	e earlier o
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Z Signature o	or a member of <b>au</b> it.	iorized representat	ive of a member		

Page 3 of 3

Filing Fee: \$25.00