## L160000 64922

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
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SECRETARY OF STATE

JUL 19 2016 S. YOUNG

## **COVER LETTER**

	Registration Se Division of Cor				
SUBJECT		eze 777 LLC			
SUBJEC	1 ·	Name of Lim	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please rett	urn all correspo	ondence concerning this matter	to the following:		
		John P Miller			
			Name of Person		
		John P Miller CPA PA			
		<del> </del>	Firm/Company	· ·	→ FESE
		2499 Glades Rd Ste 304			16 JUL 18
			Address		ASS.
		Boca Raton FL 33431			ASSEE, FLORIUA
			City/State and Zip Code	<del></del>	LORIUA 1 2: 48
		jpmcpapa@bellsouth.net	to be used for future annual report notifi	cation)	48 E
For furthe	r information c	concerning this matter, please co	-	<b></b>	
John P M			561 368-9777		
	Name o	of Person	at () Area Code Daytime	Telephone Number	
Enclosed	is a check for t	he following amount:			
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status			(additional copy is enclosed) Certified		Status &
		ING ADDRESS:	STREET/COURIE Registration Section		

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCEAN BREI	EZE 777 LLC	
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number L16000064922	were filed on 04/04/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	2745 SE 2ND CT	50.
(Principal office address MUST BE A STREET ADDRESS)	POMPANO BEACH, FL 33062	<b>6</b> F.S.
	2745 SE 2ND CT	PARY OF SEE, F
Enter new mailing address, if applicable:	POMPANO BEACH, FL 33062	2. SE
(Mailing address MAY BE A POST OFFICE BOX)		148 P
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
Name Designation of Agent's Signature if shanging Designation Agents	•	•

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
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			DEChange Add FELE LE
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Effective date, if other tha	an the date of fil	ing:			(optional)	
f an effective date is listed, the d Note: If the date inserted in	ate must be specific	and cannot be pri-		or more than 90 day	s after filing.) Pur	
document's effective date or				ining requirement	s, and dute win	not be fisice us
ne record specifies a de			ot an effecti	e time, at 12	01 a.m. on	the earlier of
The 90th day after th	e record is file	d.				
Dated		2016				
Dated			·			
· / /						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00