L 16000065028

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates 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 . | |
|--|--|---|--|
| SUBJECT: | Ocean Home | Inspections 1 | _LC |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of A | amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | dence concerning this matter | to the following: | |
| | Os. | sier Perez | |
| | | Name of Person | |
| | | | |
| | | Firm/Company | |
| | 4336 | Pathwood Way | |
| | | Address | |
| | Tacks | onville FL. 322 | 157 |
| | | City/State and Zip Code | * S |
| | E-mail address: (1 | map @out Look of to be used for future annual report notifi | ication) |
| For further information co | ncerning this matter, please ca | all: | |
| Ossier | Perez | at (904) 517 - | 0126 |
| Name of | Person | at (904) 517 - Area Code Daytime | Telephone Number |
| 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Ocean Ho | me Inspections LCC |
|---|--|
| (A Florida | Company as it now appears on our records. Limited Liability Company) |
| The Articles of Organization for this Limited Liability Co | ompany were filed on 04/01/2016 and assigned |
| Florida document number <u>L16000065028</u> | _· |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limit | ted liability company here: |
| The new name must be distinguishable and contain the words "Limit | ted 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 ADDRI | THE PARTY OF THE P |
| | <u> </u> |
| (Principal office address MUST BE A STREET ADDRESS) | mc P M |
| Enter new mailing address, if applicable: | To to |
| (Mailing address MAY BE A POST OFFICE BOX) | 0R |
| | A |
| B. If amending the registered agent and/or registered agent and/or the new registered office address. | ered office address on our records, <u>enter the name of the new</u> ess here: |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| | City 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> | Address | Type of Action |
|--------------|--------------|--|------------------------------|
| AMBR | Mapis Velozo | | Way Jacksonville MAdd |
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| | | <u></u> | ☐ Change |
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| | | | □ Remove |
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| . II am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| D.CC | 08/29/2016 | |
| Note: | tive date, if other than the date of filing: 08/29/2016 (optional) fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed. | |
| docur | nent's effective date on the Department of State's records. | |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed. | r of: |
| Dated | August 27th, 2016. | |
| | Signature of a member or authorized representative of a member | |
| | Ossier Perez Manis Velozo | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00