Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850) 617-6383

From:

Account Name Account Number : 120040000167

Phone

(305) 377-0809 (305) 377-0781

Fax Number

**Enter the email address for this business entity to be used for future

: PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

annual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 4401 INVESTMENTS, LLC

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June 10, 2019

FLORIDA DEPARTMENT OF STATE Division of Comorations

4401 INVESTMENTS, LLC 1643 BRICKELL AVE, UNIT 4401 MIAMI, FL 33129US

SUBJECT: 4401 INVESTMENTS, LLC

REF: L16000085538

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L18000208315 "OCEAN TRADE LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: H19000181215 Letter Number: 219A00011511

P.O BOX 6327 - Tallahassee, Florida 32314

Perlman, Bajandas, Yevoli Al 3053770781

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Fax Aud. #: H1!	G000181215 F/L F.D
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ON	5000181215 F/L ED 131 CALL ALLA ALLA ALLA ALLA ALLA ALLA ALL
	TALLAHASSEE, FLORIDA
	,;

4401 INVESTMENTS LLC			
(Name of the Limite (d Liability Company as it now ar A Florida Limited Liability Compa	opears on our records.) my)	
The Articles of Organization for this Limited Lia	ibility Company were filed or	n 05/04/2016	and assigned
Florida document number 1.16000085538			
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability compan	ıv here:	
Oceantradeulid, LLC			
The new name must be distinguishable and contain the we	ords "Limited Liability Company."	the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:		
(Principal office address MUST BE A STREE)	[ADDRESS)		
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE)</u>	30X)		
B. If amending the registered agent and/or the new registered of	or registered office addres fice address here:	s on our records,	enter the name of the no
Name of New Registered Agent:			
New Registered Office Address:	Ente	er Florida street address	
		, Flori	ida

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

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Fax Aud. #: H19000181215

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
MGR	LUIS F. SANCHEZ ABREU	1643 BRICKELL AVE	
		UNIT 440!	□ Remove
		MIAMI, FL 33129	□ Change
			D Add
			□ Remove
			☐ Change
			TO Add E
			Change 7 Cha
			Glange 20
			Add
			🗆 Remove
			☐ Change
			D Add
			□ Remove
			□ Change
			□ Add
			Remove
			□ Change

D. If amending any other information, enter change(s)	Fax Aud. #: H19000181215 here: (Attach additional sheets, if necessary.)
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	PH 120
	<u> </u>
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 Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re-	prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) applicable statutory filing requirements, this date will not be listed as the cords.
If the record specifies a delayed effective date, b (b) The 90th day after the record is filed.	ut not an effective time, at 12:01 a.m. on the earlier of:
2019	
Dated,	
Souther of a mounter	or authorized representative of a member
	das. Authorized Representative printed name of signee
	Page 1 of 3

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Filing Fee: \$25.00