116000103289

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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SECRETARY OF STATE
SECRETARY OF STATE

K. SALY FEB - 7 2017

COVER LETTER

	gistration Sec vision of Corp	
SUBJECT:	FLOATER	WORK APP LLC
SOBOLC:		Name of Limited Liability Company
The enclose	d Articles of A	Amendment and fee(s) are submitted for filing.
Please retur	n all correspor	ndence concerning this matter to the following:
		NICOLAS GARCIA
		Name of Person
		OCINEDY LUHCAL LLC
		Firm/Company
245 NE 14TH STREET SUITE 102		
		Address
		MIAMI, FLORIDA 33132
		City/State and Zip Code
		NICOPLATED78@GMAIL.COM
		E-mail address: (to be used for future annual report notification)
For further	information co	oncerning this matter, please call:
NICOLAS	GARCIA	914 552-9820 at ()
	Name of	
Enclosed is	a check for the	e following amount:
□ \$25.00	Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

2017 FEB-6 PH 445
SECRETARY OF STAYO

FLOATER WORK APP LLC

(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/20/2017}{2}$ Florida document number L16000103289 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: OCINEDY LUHCAL LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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		FILED		
<u>Title</u>	<u>Name</u>	Address	2017 FEB - 6 PM 16 45	Type of Action
			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
		-		Remove
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•	N/A
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	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	TOSEE, FLORIDA
E. Effec	ctive date, if other than the date of filing: (optional)
Note	effective 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 605.0207 (3 e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as thument's effective date on the Department of State's records.
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	ed 02/01/2017
	Signature of a member or aphthorized representative of a member
	NICOLAS GARCIA

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00