L16000125032

(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Вс	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE

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COVER LETTER

TO: ' Registration Sec Division of Corp			
	OCEAN LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	MYRIAM C. GONZALEZ	Z	
		Name of Person	
	PADIAL & COMPANY I	PA	
		Firm/Company	
	999 PONCE DE LEON BI	LVD, STE 705	
		Address	·
	CORAL GABLES, FL 33	134	
		City/State and Zip Code	
	MGONZALEZ@PADIALO		
	E-mail address: (1	to be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	ill:	
MYRIAM GONZALEZ		305 443-4305	
Name of	Person	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

HAMBURG OCEAN LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our red Liability Company)	cords.)	
The Articles of Organization for this Limited I	Liability Company	were filed on 07/06/2016		_ and assigned
Florida document number L16000125032				
This amendment is submitted to amend the fol-	lowing:			
A. If amending name, enter the new name of	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 abbre	viation "L.L.C."
Enter new principal offices address, if appli	cable:	999 PONCE DE LEON BI	LVD STE 705	
(Principal office address MUST BE A STREET ADDRESS)		CORAL GABLES, FL 33134		
Enter new mailing address, if applicable:		999 PONCE DE LEON BI	LVD STE 705	; ;
(Mailing address MAY BE A POST OFFICE BOX)		CORAL GABLES, FL 33	134 <u>Ş</u> ≘	77. mg, 3dd
B. If amending the registered agent and registered agent and/or the new registered o			(/)	A
Name of New Registered Agent:	PADIAL & CO	OMPANY PA	ORIDA	<u>+</u>
New Registered Office Address:	999 PONCE D	E LEON BLVD STE 705		
	G05.1.6:	Enter Florida street ad	,	
	CORAL GABI	LES	, Florida <u>³³¹³⁴</u>	Zip Code
		Cuy		LIP COUR

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.

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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
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record speci The 90th day	ries a delayed effect after the record is f	filed.	effective time, at 12	:01 a.m. on the earlier
atedA	lugust 18	, 2016		As =
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		Page 3 of	73	

Filing Fee: \$25.00