Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone : (302)645-7400

: (302)645-1280 Fax Number

\*\*Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 5000-1405B N OCEAN LLC

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Electronic Filing Menu Corporate Filing Menu

Help

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5000-1405B N OCEAN LLC (Name of the Limited (A	Liability Compa Florida Limited I	ny as it now sopears on our r Liability Company)	ecords.)
he Articles of Organization for this Limited Lish lorida document number L16000127546	oility Company	were filed on 07/05/2016	and assigned
his amendment is submitted to amend the follow	ring:		44.71
L. If amending name, enter the new name of t	he limited liab	ility company bere:	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
he new name must be distinguishable and contain the wo	ds Limited Liabii	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical		101 S. Reids Street, Suite	
Principal office address MUST BE A STREET		Sioux Falls, SD 57107	•
			Ċ
n		101 S. Reids Street, Suit	e 307
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE B	<u>0x)</u>	Sioux Falls, SD 57107	
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered o ice address her Registered Ag	<u>re</u> :	ecords, <u>enter the name of the</u>
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	3030 N. Rocky	y Point Dr., STE 150A  Enter Florida street	address
	Tampa		, Florida <sup>33607</sup>
	•		Zip Code

I hereby accept the appointment as registered agent and agree to uct 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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MGR = N AMBR = A	lanager influrized Member		
T):Os	Name	Address	Type of Action
MGR	Richard Bracing	5000 N OCEAN BLVD \$1405B	□ Add
	Amun	SEA RANCH LAKES, FL 33308	S Resove
		101 6 W J. Co Drive 707	
AMBA	JTC Trustee (USA) Ltd	101 S. Reids Street, Strite 307	≅ Add
	Church	Sioux Falls, SD 57107	D Remove
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		mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	(((H18000
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te, if other than the date of filing:	n 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 60 stee: If the date inserted in this block does not meet the applicable standary filing requirements, this date will not be listed.	Sective date, if other than the date of filing:	rursuant to 6
date inserted in this block does not meet the applicable statutory filing requirements, dus date will not be used			
date inserted in this block does not meet the applicable statutory filing requirements, has date with not be used frective date on the Department of State's records.		The 90th day after the record is filed.	n the earlier
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factive date on the Department of State's records.  specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier day after the record is filed.	e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier.  The 90th day after the record is filed.  ated	Signature of a member of supported representative of a member	

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