# L11000198537

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DIVISION OF COM-DEATIONS

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## **COVER LETTER**

Divi	sion of Cor	porations		
SUBJECT:	OCEAN SP	PIRIT RESORT LLC		
SUBJECT:	•	Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Michael J McGoey CPA		
			Name of Person	
		Michael J McGoey CPA II	nc	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		639 E Ocean Ave Ste 101		
			Address	
		Boynton Beach, FL 33435		
			City/State and Zip Code	
		mjmcgoey@aol.com	to be used for future annual report notifi	(antion)
For further in	formation co	oncerning this matter, please ca	•	Canon
Michael J Me	cGoey		561 734-8599 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	ling 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:

TO:

**Registration Section** 

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 SPIRIT RESORT LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability (	Company were filed on 10/27/2016	and assigned
Florida document number L16000198537	<u></u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
OCEAN SPIRIT RECOVERY LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
		16
Enter new mailing address, if applicable:		15 HON 19 1
(Mailing address MAY BE A POST OFFICE BOX)		97 1
B. If amending the registered agent and/or regis		er the name of the ne
registered agent and/or the new registered office add	<u>Iress here</u> :	Washington Control
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Florida	
<del></del>	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				
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			Remove				
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(If an effectiv Note: If th	date, if other to date is listed, the date inserted is effective date	e date must be spe in this block do	of filing: cific and cann es not meet t	the applicabl	date of filing or e statutory fili	more than 90 c ng requireme	_ (optional lays after filing ents, this date	) g.) Pursuant to 605. e will not be liste	0207 ( d as ti
he record The 90	specifies a d th day after	delayed effect the record is	tive date filed.	, but not a	n effective	time, at 1	2:01 a.m.	. on the earlie	r of:
Dated NO	VEMBER 3		, <sup>20</sup>	016					
	1/12/	ignati	re of a memb	per or authoriz	ed representativ	e of a membe	,		
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