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COVER LETTER

Divi	sion of Corp	porations			
SUBJECT:	Ocean Spiri	Recovery, LLC			
SOBJECT.		Name of Lim	ited Liability Company	•	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		John Kevin Sparks			
			Name of Person	•	
		Ocean Spirit Recovery, LL	.c		
			Firm/Company		
2701 E. Atlantic Blvd., Ste. 203					
			Address		
		Pompano Beach, FL 33062	2		
			City/State and Zip Code	· · · · · ·	
		jkevin@oceanspiritrecovery			
		E-mail address: (to be used for future annual report notif	ication)	
For further in	formation co	ncerning this matter, please ca	all:		
John Kevin S	Sparks		631 943-6939 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for the	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 Recovery, LLC					
(Name of the Limited Liability Compa (A Florida Limited	pany as it now appears on our records.) I Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L16000198537	y were filed on 10/27/16 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	bility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	oility Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	2701 E. Atlantic Blvd.				
(Principal office address MUST BE A STREET ADDRESS)	Ste. 203				
	Pompano Beach, FL 33062				
Enter new mailing address, if applicable:	2701 E. Atlantic Blvd.				
(Mailing address MAY BE A POST OFFICE BOX)	Ste. 203				
	Pompano Beach, FL 33062				
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:					
	, Florida City Zip Code				
New Registered Agent's Signature, if changing Registered Agent:	<u>t:</u>				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties, and I am familiar with and				

If Changing Registered Agent, Signature of New Registered Agent

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 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	James Booth	6000 N. Ocean Blvd	Add
		Ste. 2D	■ Remove
		Lauderdale By The Sea, FL 33308	Change
			□ Remove
			□ Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
		•••	Remove
			Change
			Add
,			Remove
			Change
			Add
	*		Remove
		(2) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Change
		SEC. FLORID	Rentov STAIM Change
			Change

amending any oth	er information, en	ter change(s) her	e: (Attach adaine	nai sneeis, ij	necessary.,	,	
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n effective date is lister ote: If the date inser icument's effective of	er than the date of d, the date must be specified in this block does late on the Departmen	fic and cannot be prior not meet the applic t of State's records.	able statutory filing	ore than 90 days g requirements	, this date w	rill not be li	sted a
	a delayed effecti er the record is fi		t an effective ti	me, at 12:0	ul a.m. o	n tne ear	iier
ted Much	Joh Ku	Spaffes	7.	-f	En E		
	/ 1	Kevin Si	ear Ks	oi a member	METAR AHASS	37	•
		Typed or pright	ed name of signee			D # 2	;
		Page	3 of 3		<u> </u>	N	

Filing Fee: \$25.00

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