(Requestor's Name) (Address)	
(Address)	200293295032
(City/State/Zip/Phone #)	01/31/1701019001 **25.00
(Business Entity Name)	
(Document Number) ertified Copies Certificates of Status	
Special Instructions to Filing Officer:	FILED FORETARY OF STATE LANASSEE FLORIDA.
Office Use Only	

Attn: Karen Salu	COVER LETTER
TO: Registration Section Division of Corporations	
Division of Corporations Articles of Organize Correct Effective	ATICA Data
SUBJECT: CONTECT ENECTIVE	Dale

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roger McGregor

Name of Person

OceanEleven LLC

Firm/Company

350 S Dixie Hwy, Suite A

Address

Miami, FL 33130

City/State and Zip Code

roger@ocean-eleven.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roger	McGregor
<u> </u>	

Name of Person

786 Area Code

340-8162

MAILING ADDRESS:

Tallahassee, Florida 32314

Registration Section Division of Corporations

P.O. Box 6327

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount:

1 \$25 Filing Fee

S30 Filing Fee & Certificate of Status

Certified Copy

S60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: OceanEleven LLC

SECOND:	The Florida Document number of the limited liability company is: L16000202816
	Document to be corrected is: Effective Date

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The effective date is incorrect. The correct date is to be 1/1/2017

<u>OR</u>

 \Box

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

	F ST III
<u>OR</u>	RIDA .
The electronic transmission of the record was defective.	01/25/16
Signature of Authorized Representative	 Date

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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 or in Chapter 605, F.S. Qr, 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.

Registered	Agent's Signature
Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)