# 117000015923

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(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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## **COVER LETTER**

TO: Registration of Division of	on Section f Corporations
OCEA	AN WIND SERVICES, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
	GLAUCIA BASTOS
	Name of Person
	Firm/Company
	1001 EAST SAMPLE ROAD 10E
	Address
	POMPANO BEACH FLORIDA 33064
	City/State and Zip Code ATENDIMENTO@THETRUSTCIRCLE.INFO
For further informat	E-mail address: (to be used for future annual report notification) ion concerning this matter, please call;
GLAUCIA BASTO	
N:	at () une of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
■ \$25.00 Filing Fe	ee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed) 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, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### OCEAN WIND SERVICES, LLC

( <u>Name of the Limited Liabi</u> (A Florid	ility Company as it now appears on our r da Limited Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Florida document number L17000015923	Company were filed on <u>01/20/2017</u>	and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name most be distinguishable and contain the words "Lie	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.	.(`."
Enter new principal offices address, if applicable:		<del></del>	9
(Principal office address MUST BE A STREET ADD	ORESS)	80 <u>&gt;</u>	JISI JISI JISI
		ત્ર	<u> </u>
		20	25. - 25. - 25.
Enter new mailing address, if applicable:		An Chi	(ga:
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	9:	一 <del>定</del> 07一 21万
		37	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office ade   Name of New Registered Agent:  New Registered Office Address:			f the nev
		, Florida	
<del></del>	City	Zip Code	
New Registered Agent's Signature, if changing Register	red Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my dutic agent as provided for in Chapter ( red office address, I hereby confir	rs, and I am familiar with 605, F.S. Or, if this docum	and nent is

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LUCIANA S BATISTA	5475 WILES ROAD 208	
		COCONUT CREEK FL 33073	<b>□</b> Remove
			(Thange
			Add
			☐ Remove
			Change
			□ Remove
			Change
		724-2	
			Remove
			Change
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						37	
ective date, if other than the reffective date is listed, the date mu te: If the date inserted in this b cument's effective date on the D	lock does not meet	the applicab	date of filing le statutory i	or more than 90 o Iling requirem	_ (optional) lays after filing.) ents, this date v	Pursuant to ( vill not be l	 605.0 listed
record specifies a delayed The 90th day after the rec		e, but not	an effectiv	e time, at 1	2:01 a.m. o	n the ea	rlier
ed		018					
Juvara J	3/			tive of a membe			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00