

7/18/2017

Division of Corporations

((H17000188203 3))

417000133743  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H17000188203 3))



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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : ADVOS LEGAL PLLC  
Account Number : I20150000090  
Phone : (904)567-5311  
Fax Number : (904)339-9504

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
1030 OCEAN VIEW, LLC

Certificate of Status	0
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Page Count	05
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**COVER LETTER**

(((H17000188203 3)))

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 1030 Ocean View, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gwen Hutcheson Griggs  
-----  
Name of Person  
  
ADVOS legal, pllc  
-----  
Firm/Company  
  
5000 Sawgrass Village Circle, Suite 7  
-----  
Address  
  
Ponte Vedra Beach, FL 32082  
-----  
City/State and Zip Code  
  
whitney@advoslegal.com  
-----  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

Gwen Griggs 904 567-5311  
----- at ( ) -----  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing 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:**  
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

(((H17000188203 3)))

1030 Ocean View, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/21/17 and assigned
Florida document number L17000133743

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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STATE OF FLORIDA
TALLAHASSEE

B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H17000188203 3)))

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP, CS	Gwen Hutcheson Griggs	5000 Sawgrass Village Cir, Ste 7	<input checked="" type="checkbox"/> Add
		Ponte Vedra Beach, FL 32082	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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 STATE OF FLORIDA  
 DEPARTMENT OF REVENUE  
 TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  
(((H17000188203 3)))

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 7/17/17 (optional)  
(If an 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 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated July 17, 2017

Brent Paris  
Signature of a member or authorized representative of a member

Brent Paris  
Typed or printed name of signee

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TALLAHASSEE FLORIDA