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(Re	questor's Name)	
(Ad	dress)	
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COVER LETTER

	Registration Sec Division of Corp				
eun ie	OCEAN SA	LES LLC			
SUBJEC		Name of Limi	ited Liability Company	.	
The encle	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please re	turn all correspor	ndence concerning this matter	to the following:		
		RICHARD WHEELER			
			Name of Person		
		OCEAN			
			Firm/Company		
		3673 PROSPECT AVE.			
			Address		
		NAPLES,FL 34104			
			City/State and Zip Code	***************************************	
		OCEANSALESNAPLES@GMAIL.COM E-mail address: (to be used for future annual report notification)			
For furth	er information co	e-man address: (cation)	
RICHAI	RD WHEELER		239 370-1517		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed	d is a check for th	e 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

OCEAN SALES LLC	
(Name of the Limited Liability Compa (A Florida Limited	ony as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L18000012322	were filed on 01-16-2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1700 COMMERCIAL DR.
(Principal office address MUST BE A STREET ADDRESS)	NAPLES,FL 34112
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	ffice address on our records, enter the name of the new
New Registered Office Address:	Enter Florida street address Florida
New Registered Agent's Signature, if changing Registered Agent:	City Sip Code C

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
MGR	EDGAR D. GUTIERREZ	27031 JACSON AVE . BONITA S	Add
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			Change
			Remove
			Change
			Add
			Remove
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Effective date, if other if an effective date is listed, the	than the date of	filing:	dan tu dat unit (111)	((optional)	405.000
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The soul day after	the record is in	ilea.	_			
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Kicha	Signature	of a member or a	uthorized represent	ative of a member		

Page 3 of 3

Filing Fee: \$25.00