

L18000013712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

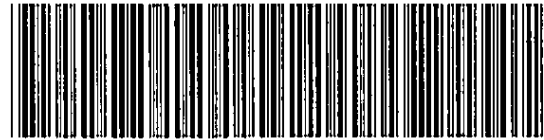
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21 APR 12 AM 11:50

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** OCEAN TEAM INVESTMENTS 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:

MARIA DEL P. MOLINA

Name of Person

OCEAN TEAM INVESTMENTS LLC

Firm/Company

9581 FONTAINEBLEAU BLVD APT 111

Address

MIAMI FL 33172-6847

City/State and Zip Code

isabelmultiservices@gmail.com

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

For further information concerning this matter, please call:

MARIA DEL P. MOLINA

407

928-8377

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FLORIDA  
DIVISION OF CORPORATE  
REGISTRATION

21 APR 12 AM 11:50

OCEAN TEAM INVESTMENTS 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 01-15-2018 and assigned  
Florida document number L18000013712.

This amendment is submitted to amend the following:

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

N/A

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)**

9581 FONTAINEBLEAU BLVD

APT 111

MIAMI FL 33172-6847

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

9581 FONTAINEBLEAU BLVD

APT 111

MIAMI FL 33172-6847

**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:

SAME

New Registered Office Address:

9581 FONTAINEBLEAU BLVD APT 111

*Enter Florida street address*

MIAMI FLORIDA

*City*

Florida

33172-6847

*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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

DEPARTMENT OF STATE  
DIVISION OF CONSULAR AFFAIRS

21 APR 12 AM 11:50

| Title | Name                | Address                 | Type of Action                             |
|-------|---------------------|-------------------------|--|
| AMBR  | MARIA DEL P. MOLINA | 9581 FONTAINEBLEAU BLVD | <input type="checkbox"/> Add               |
|       |                     | APT 111                 | <input type="checkbox"/> Remove            |
|       |                     | MIAMI FL 33172-6847     | <input checked="" type="checkbox"/> Change |
| -     | -                   | NA                      | <input type="checkbox"/> Add               |
|       |                     |                         | <input type="checkbox"/> Remove            |
|       |                     |                         | <input type="checkbox"/> Change            |
| -     | -                   | NA                      | <input type="checkbox"/> Add               |
|       |                     |                         | <input type="checkbox"/> Remove            |
|       |                     |                         | <input type="checkbox"/> Change            |
| -     | -                   | NA                      | <input type="checkbox"/> Add               |
|       |                     |                         | <input type="checkbox"/> Remove            |
|       |                     |                         | <input type="checkbox"/> Change            |
| -     | -                   | NA                      | <input type="checkbox"/> Add               |
|       |                     |                         | <input type="checkbox"/> Remove            |
|       |                     |                         | <input type="checkbox"/> Change            |
| -     | -                   | NA                      | <input type="checkbox"/> Add               |
|       |                     |                         | <input type="checkbox"/> Remove            |
|       |                     |                         | <input type="checkbox"/> Change            |
| -     | -                   | NA                      | <input type="checkbox"/> Add               |
|       |                     |                         | <input type="checkbox"/> Remove            |
|       |                     |                         | <input type="checkbox"/> Change            |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*  
N/A

DEPARTMENT OF STATE  
DIVISION OF CORPORATION

21 APR 12 AM 11:50

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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

April 9/2021

Signature of a member or authorized representative of a member

MARIA DEL P. MOLINA

Typed or printed name of signee



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## Detail by Entity Name

Florida Limited Liability Company  
OCEAN TEAM INVESTMENTS LLC

### Filing Information

Document Number L18000013712  
FEI/EIN Number 37-1878900  
Date Filed 01/16/2018  
Effective Date 01/15/2018  
State FL  
Status ACTIVE

### Principal Address

~~8215 ROLLA CT  
ORLANDO, FL 32836-8738~~

Changed: 03/20/2019

### Mailing Address

~~8215 ROLLA CT  
ORLANDO, FL 32836-8738~~

Changed: 03/20/2019

### Registered Agent Name & Address

~~MOLINA, MARIA DEL P  
8215 ROLLA CT  
ORLANDO, FL 32836-8738~~

Address Changed: 03/20/2019

### Authorized Person(s) Detail

#### Name & Address

Title AMBR

~~MOLINA, MARIA DEL P  
8215 ROLLA CT  
ORLANDO, FL 32836-8738~~

### Annual Reports

Change  
Address...  
New Address:  
9581 FONTAINE BLEAU  
Apt 111  
Miami FL  
33172-6847