

L18000041199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

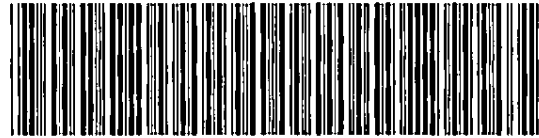
(Business Entity Name)

(Document Number)

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18 OCT 24 AM 10:32  
SLOAN'S LAW FIRM  
TALLAHASSEE, FLORIDA

K. SALY  
NOV 5 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OCEAN STAR 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:

ERIN MERT

Name of Person

OCEAN STAR LLC

Firm/Company

1110 BRICKELL AVENUE #430K-50

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

OFFICE@OCEANSTARLLC.COM

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

For further information concerning this matter, please call:

ERIN MERT

Name of Person

at ( 754 )

Area Code

217-6925

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

OCEAN STAR LLC

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

FILED  
18 OCT 24 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 14, 2018 and assigned  
Florida document number L18000041199.

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)

**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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ERIN MERT	1110 BRICKELL AVE #430K-50, MIAMI, FL 33131	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		ADDRESS	<input checked="" type="checkbox"/> Change
AMBR	LEYLA MERT	251 172ND ST APT126,	<input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MAERT HILL LLC	19266 COASTAL HWY UNIT 4-1109	<input checked="" type="checkbox"/> Add
		REHOBETH BEACH, DE 19971	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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18 OCT 24 AM 10:32  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

ST. JOHN'S  
FALLS, FLORIDA

FILED  
OCT 24 AM 10:33  
ST. JAMES, FLORIDA  
FALLS

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)

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.

ERIN MERT

LEYLA MERT

Signature of a member or authorized representative of a member

OCEAN STAR LLC

Typed or printed name of signee