118000120493

| (Re | equestor's Name) | |
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| | ldress) | |
| <i>(</i> ∩c | uress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ви | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| | Registration Sec Division of Corp | | | |
|------------|--------------------------------------|---|---|---|
| SUBJEC | | ational Advisors LLC | | |
| | | Name of Lim | ited Liability Company | |
| | | Amendment and fee(s) are sub | - | |
| | | Michael Lorenzo | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 185 Sea Island Dr. | | |
| | | | Address | |
| | | Ponte Vedra beach FL 320 | 82 | |
| | | Michael.a.lorenzo@gmail.c | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notific | cation) |
| For furthe | er information co | ncerning this matter, please ca | nH: | |
| Michael | Lorenzo | | 917 593 7075 at () | |
| | Name of | Person | at () | Telephone Number |
| Enclosed | is a check for the | e following amount: | | |
| \$25.0 | 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

| (Name of the Limited Liability (A Florida | y Company as it now appears on our records) Limited Liability Company) | |
|---|---|-------------------------|
| he Articles of Organization for this Limited Liability Co L18000120493 | | and assigned |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limit | ted liability company here: | |
| BluOcean Advisors LLC | | |
| he new name must be distinguishable and contain the words "Limi | ted Liability Company," the designation "LLC" or the | e abbreviation "L.L.C." |
| inter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDR | (ESS) | |
| | | <u> </u> |
| | | |
| inter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| 3. If amending the registered agent and/or regis | tered office address on our records, en | ter the name of the |
| egistered agent and/or the new registered office add | ress here: | ₹8 3 8 |
| | | AUG RET LLA |
| Name of New Registered Agent: | | <u>・・・A</u> |
| 100 411 | | (5) |
| New Registered Office Address: | | |
| New Registered Office Address: | | ေတ 💳 |
| New Registered Office Address: | . Florida | STA: |

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 = M $AMBR = A$ | 1anager Authorized Member | | |
|--------------------|------------------------------|---------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
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| tive date, if other than th | e date of filing: | | | _ (optional) | | |
| ffective date is listed, the date m If the date inserted in this | ust be specific and cannot | ot be prior to date of the applicable statu | iling or more than 90 d | ays after filing.) | પાક <mark>્યવામાં</mark> to 60 ilkholibe bi | *************************************** |
| ment's effective date on the | Department of State's | s records. | | , | RET | All: |
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| ecord specifies a delaye e 90th day after the re | ed effective date, cord is filed. | , but not an eff | ective time, at 1 | 2:01 a.m. o | が聞e ea引 カー | lier |
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| • | 11 11 11 1 1 1 1 V | 7 hm / - A | 7 0 | | | |
| | Signature of a memb | or or authorized rep | esentative of a member | | | |

Page 3 of 3

Filing Fee: \$25.00