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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 10/1/2018		#WALK IN#
ENTITY NAME	OCELAND LLC	WALK IN
DOCUMENT NUM	BER	
	PLEASE FILE THE ATTACHED AND RETURN	
xxxx	Plain Copy	
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NUMBER OF CERT	TIFICATES REQUESTED	
TOTAL OWED_	\$25.00 CHECK #_ 5316	
Please call Tina	at the above number for any issues or concerns. Than	l yoa so mach!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Oceland 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 Co	ompany were filed on	06/19/2018	and assigned
Florida document number L18000150717			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company	here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," t	ne designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>	
(Principal office address MUST BE A STREET ADDR.			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr Name of New Registered Agent:		on our records,	enter the name of the new
New Registered Office Address:	Enter	Florida street address	
		, Flori	da
			Zip Code
New Registered Agent's Signature, if changing Registered	l Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance ent as provided for i	of my duties, and . n Chapter 605, F.S	I am familiar with and S. Or, if this document is
	If Changing Registered	Agent, <u>Signature of N</u>	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
AMBR	Trausti Eiriksson	Laekjarkot	
		Borgarnes, Iceland, OC 311 OC	Remove
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Note:	ve date, if other than the occive date is listed, the date must If the date inserted in this bloent's effective date on the De	ck does not meet	the applicable	ate of filing or more statutory filing re	doption (option than 90 days after the equirements, this contact the equirements of the equirements (this contact the equirements).	nal) ling.) Pursuant to 6 late will not be li	05,0207 (3)(b) sted as the
ie reci The	ord specifies a delayed 90th day after the reco	effective date rd is filed.	e, but not ar	n effective tim	e, at 12:01 a.	m. on the ear	lier of:
Dated _	October 1			ſ			
		signature of a mem	ber or authorized	d representative of	a member		

Page 3 of 3

Filing Fee: \$25.00