18001SD717

| (Requestor's Name) |
|---|
| |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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SUNSHINE CORPORATE FILING OF FLORIDA INC.

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

| DATE2/5/2019 | - | | |
|--------------------|--|----------------|----------|
| | | **WA | LK IN** |
| ENTITY NAME | OCELAND LLC | | |
| | | | <u> </u> |
| DOCUMENT NUMB | ER | | |
| | **PLEASE FILE THE ATTACHED AND RETURN** | 2019 FEB | -0 |
| XXX | Plain Copy | J. J. | 1 -3 |
| | Certified Copy | D D | 77 |
| | Certificate of Status | | |
| | | 5 N | |
| | **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTIT Certified Copy of Arts & Amendments | , | |
| | Certificate of Good Standing | | |
| | **APOSTILLE' / NOTARIAL CERTIFICATION** | | |
| COUNTRY OF DEST | | | |
| NUMBER OF CERTII | FICATES REQUESTED | | |
| TOTAL OWED_\$ | 25.00 CHECK # 5740 | | |
| Please call Tina d | at the above number for any issues or concerns. Thank | l you so much! | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Oceland LLC | | |
|--|--|----------------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | iny as <mark>it now appears on our reco</mark> Liability Company) | ords.) |
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{L18000150717}{L}$. | were filed on 06/19/2018 | 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 "L | LC" or the abbreviation "L.1.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 27 |
| | | 11 |
| | | |
| Enter new mailing address, if applicable: | | 17 07 71 |
| Mailing address MAY BE A POST OFFICE BOX) | | 14 P |
| | | |
| | | 200 8 |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her | | rds, enter the name of the n |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street add | ress |
| | | 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

| Title | <u>Name</u> | Address | Type of Action |
|-------------|-------------------|------------------------|----------------|
| AMBR | Trausti Eiriksson | Laekjarkot | <u>≡</u> Add |
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| fective date, if other than the date of file in effective date is listed, the date must be specific ote; If the date inserted in this block does not be determined the date on the Department of the date of of the d | and cannot be prior to of meet the applicable | date of filing or more th | (options an 90 days after fili uirements, this da | ~• il) ng.) Pursuant to 605.0207 |
| record specifies a delayed effective. The 90th day after the record is file | e date, but not a ed. | an effective time, | at 12:01 a.m | . on the earlier of |
| ted February 4th | 2019 In m.r | · srun | | |
| Signature 0. | a memoer of audoriz | ted representative of a r | nember | |

Page 3 of 3

Filing Fee: \$25.00