

L18000189517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

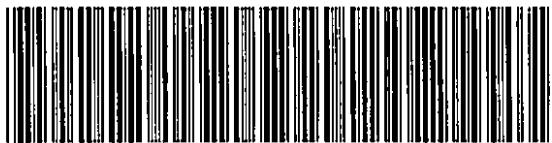
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
REGISTRATION
SECTION
FILED
4/22/19

DD
4/22/19

COVER LETTER

**TO: Registration Section
 Division of Corporations**

SUBJECT: 46 Ocean, 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:

Timothy J. Bruehl, ESQ

Name of Person
Waggoner & Bruehl, PA

Firm/Company

Bokeelia, Florida 33922

City/State and Zip Code
hathorneelizabeth@gmail.com

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

For further information concerning this matter, please call:

Timothy J. Bruehl 239 283-1077
at () Area Code Daytime Telephone Number
Name of Person

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

46 Ocean, 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 08/07/2018 and assigned Florida document number L18000189517.

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 "LLC".

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

543 Gulf Lane

North Captiva, Florida 33924

#202

200 Country Club Drive

Edenton, NC 27932

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:

Frederick C. Hathorn Jr.

New Registered Office Address:

6000 Indian Creek Dr.

Enter Florida street address

Miami Beach

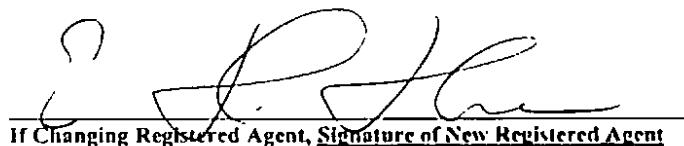
, Florida 33140

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>
MGR	The Private Exchange Group Inc.	101 W Sample Rd Coral Springs, FL 33065	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Elizabeth Hathorn	200 Country Club Dirve Edenton, NC 27932	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Frederick C. Hathorn Jr.	6000 Indian Creek Dr. #901 Miami Beach, Florida 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add 19 <input checked="" type="checkbox"/> Remove 18 <input checked="" type="checkbox"/> Change PH <input checked="" type="checkbox"/> Add 02 <input type="checkbox"/> Remove <input type="checkbox"/> Change <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.)

E. Effective date, if other than the date of filing: _____ (optional)

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 March 21st **2019**

2019

Signature of a member or authorized representative of a member

Timothy J. Bruehl, Esq.

Typed or printed name of signee