L18000207718

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiless Emily Name)
(Document Number)
(Excernent Number)
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Certified Copies Certificates of Status
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O SIMMONS NOV 0 4 2020



October 7, 2020

GREGORY KNAPP 1010 N D STREET LAKE WORTH BCH, FL 33460

SUBJECT: OCEANFRONT ENTERPRISES LLC

Ref. Number: L18000207718

We have received your document for OCEANFRONT ENTERPRISES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 020A00019481

Octavia L Simmons
Regulatory Specialist II Supervisor

COVER LETTER

TO:

Registration Section

Division of Corporations			
SUBJECT:	OCEANFRONT (ENTERPRISES Lited Liability Company	LC
	f Amendment and fee(s) are sub condence concerning this matter	_	
•	J	· ·	
	GREGOR	Name of Person	
	OCEM FR	ONT ENTERPRISE	5 LLC
	1010 N B	STREETAddress	
	LAKE WOR	City/State and Zip Code	33460
		ENTLL (Q) GMAIL to be used for future annual report noti	
For further information	concerning this matter, please ca	all:	
		at (954) 558 - Area Code Daytime	1484 e Telephone Number
Enclosed is a check for	-		
\$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)
P.O. Box 63	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T	porations allahassee
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ocean	VERONT F	NTORPRISE v as it now appears of ability Company)	SIIIE		
(Name of the Limite	d Liability Compan A Florida Limited Li	y as it now appears of ability Company)	our records.)		
The Articles of Organization for this Limited Lia Florida document number <u>L18000</u> 20	ıbility: Сотрапу: v			and assigned	
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabil	ity company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liability	y Company," the design	nation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applica	ble:	1010	<u>N D S</u>	TREET: H, FL 3346	
(Principal office address MUST BE A STREET	T ADDRESS)	LAKE WO	RTH BEAC	H, FL 3346	0
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE B</u>	<u>80X)</u>	1010 LAIKE W	N D STA JORTH BE	REET ACH FL 3341	, e C
B. If amending the registered agent and/or re agent and/or the new registered office address		ldress on our reco	rds, <u>enter the na</u>	me of the new/ register	<u>:d</u>
Name of New Registered Agent:		Hirim M		<u> </u>	
New Registered Office Address:	1010	N S Enter Florida	TREET		
		Enter Florida PTH BEACH City	street aadress	33460 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:

NGR = Numager
AMBR = Authorized Member

<u>Title</u>	Name	Address 2.400 35 mill0:58	Type of Action
MANAGER	MAIRIM M. MUSSER	1010 N & STREET	OFAdd
		LAKE WORTH BEACH, FL 3	3460 _{DRemove}
		· · · · · · · · · · · · · · · · · · ·	Chratige
			□Add
			□Remove
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			□Add
			Renrove
			□Cha nge

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	•
-	
Effective d	ate, if other than the date of filing:
Note: If the	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	effective date on the Department of State's records.
e record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	h day after the record is filed.
S . 1	JULY 2020.
Jated	, <u>was</u> .
-	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	CONVIDIA ILMARY

Page 3 of 3

Filing Fee: \$25.00