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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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(Bu	isiness Entity Name)	
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Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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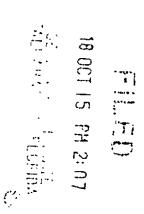
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COVER LETTER

SUBJECT: OCEA	NUMY PROPERTY	DEVELOPMENT LL ited Liability Company	. <u>c</u>
	Name of this	ned manny company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MARK E	2 N46EJT Name of Person	<u> </u>
	<u>OCEAN</u>	WAY PROPERTY DEVEL	ofment uc
	1148 FRuit	T COVE RI) Address	
	SAINT:	TOHNS FL 32159 City/State and Zip Code	
	E-mail address: (ROPTAX C AOL. Co to be used for future annual report not	M ification)
For further information co	oncerning this matter, please ca	all:	
MARK R	NUGENT	at (<u>904)</u> 70 Area Code Daytin	4-3777
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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

TO:

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

OCEANWAY PROPERTY	DEVELOPAENT LLC	
(Name of the Limited Liability Compan (A Florida Limited Li		
The Articles of Organization for this Limited Liability Company v Florida document number <u>L1800023055</u> 4	were filed on 9/28/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
NIA		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	8 0CT 15 PM 2
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		tër the name of the
Name of New Registered Agent:	MA	
New Registered Office Address:	Enter Florida street address	
	NA Florida	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person bein or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
AMBR	WILLIAM F CIRMO	1148 FRUIT COUR 120	Add
		ST JIHNS FZ 32259	Remove
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(If an effective Note: If the		specific and cannot be prior to date of filing or more does not meet the applicable statutory filing r	
	d specifies a delayed ef th day after the record	fective date, but not an effective time is filed.	ne, at 12:01 a.m. on the earlier of
Dated	10/4	<u>2018</u>	AMI
	Síg	nature of a member or authorized representative of	a megorier
		MARK ROUGEN Typed or printed name of signee	a medical services of the serv
			P in
		Page 3 of 3	ED PH 2:07
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