(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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R. WHITE FEB 2 0 2013

# **COVER LETTER**

TO:		istration Sect ision of Corpo			
CHD IE	CT.	OCEAN BLU	IE APARTMENTS LLC		
SUBJE	UI:		Name of Limite	ed Liability Company	
The enc	losed	Articles of Ar	mendment and fee(s) are subm	niued for filing.	
Please re	eturn	all correspond	lence concerning this matter to	o the following:	
			Mick Strong		
			•	Name of Person	
			OCEAN BLUE APARTME	NTS LLC	
			· · · · · · · · · · · · · · · · · · ·	Firm/Company	
			52 TUSCAN WAY STE 202	2/366	
				Address	
			ST AUGUSTINE, FL 32093	2	
			Strong N E-mail address: (to	City/State and Zip Code  CP COUHOOK. CON be used for future annual report notification	<u>v</u>
For furth	ner in	formation con	cerning this matter, please call	1:	
<u>_</u>	<u> </u>	Lee Name of P	Strong	at (510) 914-05 Area Code Daytime Tel	ephone Number
Enclosed	d is a	check for the	following amount:		
\$25.	00 F	iling 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:

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

FII.ED

OCEAN BLUE APARTMENTS LLC

2019 FEB 15 PM 3:50

(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 10/16/2018 and assigned Florida document number 118000243507

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)

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:

New Registered Office Address:

### 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

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	STRONG, MICKEY D	52 TUSCAN WAY STE 202/366 ST AUGUSTINE, FL 32092	
		·	■ Remove
			Change
MGR STRONG.	STRONG, LUCY L	52 TUSCAN WAY STE 202/366 ST AUGUSTINE, FL 32092	Add
			Remove
			☐ Change
MGR	NATIVE COAST PROPERTY MANAGEMENT LLC	72 HONEY BRANCH LN SAINT AUGUSTINE, FL 32092	Add
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
		<del></del>	Change
			Add
			Remove
			☐ Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
Note:	tive date, if other than the date of filing:  [Coptional]  [Coptional]
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m.; on the earlier of: e 90th day after the record is filed.
Dated	2-12 2019
	Signature of a member of authorized representative of a member
	MICKEY D. STRONG

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00