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| (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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COVER LETTER

| TO: Registration S Division of Co | | | | |
|-----------------------------------|--|---|---|-----------------|
| | evelopment LLC | | | |
| SUBJECT: | Name of Lim | nited Liability Company | | |
| The enclosed Articles o | of Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all corresp | oondence concerning this matter | to the following: | | |
| | Daniel D Read | | | |
| | · · · · · · · · · · · · · · · · · · · | Name of Person | | |
| | Ocean SWFL LLC | | | |
| | <u></u> | Firm/Company | | 25 |
| | 4704 Vincennes Blvd | | | |
| | | Address | : | l l |
| | Cape Coral Fl 33904 | | i | |
| | | City/State and Zip Code | | ्याः -हाः `~ |
| | landbrokers@comcast.net | | F51 | <u>С</u> |
| | E-mail address: (| to be used for future annual report notif | | |
| For further information | concerning this matter, please ca | all: | | |
| Daniel D Read | | 239 225-3182 | | |
| Name | of Person | | e Telephone Number | |
| 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 Certificate of Certified Cop (additional copy | Status & |
| Mailing Addre | | Street Address: | : | |
| Registration Division of (| Section Corporations | Registration Sec Division of Corp | | |
| P.O. Box 63: | - | The Centre of T | | |
| Tallahassee | | | Street Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Ocean Development LLC | | | |
|--|--|-------------------|-----------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | iny as it now appears on our rec Liability Company) | ords.) | |
| The Articles of Organization for this Limited Liability Company | were filed on 10/26/2018 | | and assigned |
| Florida document number | | | |
| his amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| Ocean SWFL LLC | | | |
| he new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "L | .LC" or the | abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | 4704 Vincennes Blvd | , | 10 10 10 |
| Principal office address MUST BE A STREET ADDRESS) | Cupe Coral Fl 33904 | | · - |
| | | | |
| | | | 10 |
| Inter new mailing address, if applicable: | | | <u> </u> |
| Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> | 6.0 |
| | | | |
| | | | |
| . If amending the registered agent and/or registered office a | address on our records, <u>ent</u> | er th <u>e</u> na | me of the new regist |
| gent and/or the new registered office address here: | | | |
| Name of Name Description 1 Access | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida street add | lector | |
| | Emer Fioriaa street aad | ress | |

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.

City

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> | Address | Type of Action |
|---------------|---------------|--|----------------|
| AMBER | Robert Moore | 4704 Vincennes BLVD, cape coral fl 33904 | = Add |
| | | | □Remove |
| | | | □Change |
| MGR | Daniel D Read | 4704 Vincennes Blvd, Cape Coral FI 33904 | = Add |
| | | | • |
| | | | □ Change |
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| fective date, if other than the d | late of filing: June 15 2021 | | tional) | | |
| n effective date is listed, the date must bete: If the date inserted in this block | be specific and cannot be prior to date ck does not meet the applicable sta | of filing or more than 90 days af atutory filing requirements, t | ter filing. his date |) Pursuani will not | t to 605.020 b e listed a |
| cument's effective date on the Dep | | · · · | | | |
| ecord specifies a delayed effective | data hiii nat an affairtina timii nt | 12:01 a.m. on the corline of: | (h) Th | o OOth de | ov after the |
| is filed. | date, our not an effective time, at | 12.01 a.m. on the earner of. | (0) 111 | c 70th th | if alter th |
| | 2021 | | | | |
| May 28 | | | | | |
| ated May 28 | . 2021 | | | | |
| ited May 28 | 2021 | | | | |