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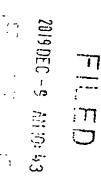
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COVER LETTER

TO: Registration S Division of Co		
SUBJECT:	320 OCEANDRIO Name of Limited Liability Company	E LLC
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	nondence concerning this matter to the following:	
	MATTED SOU	141740
	Name of Person	
	Firm Company	
	PO BOX 398	3327
	MIAMI BEACH F City/State and Rip Co MATTEOG SOLD HOLD	L 33239
	E-mail address: (to be used for future ann	ual report notification)
For further information	concerning this matter, please call:	
	at 786)	3789252
Name	of Person Area Code	Daytime Telephone Number
Enclosed is a check for	the following amount:	
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing F Certificate of Status	Certificate of Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

320 OCEANDR	IVE LLC
(Name of the Limited Liability Compa (A Florida Limited I	
The Articles of Organization for this Limited Liability Company Florida document number <u>LABOO0286</u> 8	were filed on <u>12 14 18</u> and assigned 13
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility <u>company here</u> :
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	1021 MICHIGAN AVES
(Principal office address MUST BE A STREET ADDRESS)	MIAMI BEACH, EC 33/13/7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	POBOX 398327 ₹ T MIAMI BEACH, FC 33239 €
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: LUC	A MIGLIORE
New Registered Office Address: 1027	1 MCHISAN AVE Encer Florida street allitress
MIA	-MI BEACH Florida 33139
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>	Name	<u>Address</u>	Type of Action
MGR	LUCA MIGLIORE	1021 MICHIGAN AU	Ri
		MIAMI BEACH, RE 321.	} ⊡Remove
MGR	MATTED FOLAMITAL	90 BOX 398327	□Change
- (P(I) Y(C') Y SOVY W	MIAMI BEACH, FL 331	13f Remove
Δ			□Change
MGR	GIUSEPPE BONASERA	MILAMI BEACH FL 3	□Add
		MIAMI BEHCH PUN	
			⊡Change
			□Remove
			□Change
			□ Add
			⊡Rеточе
			□Change
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		·····	⊡Remove ⊡Change

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Effective date, i	f other than the date of fi s listed, the date must be specific	ling:		(optional)	
Note: If the date	inserted in this block does n	ot meet the applicable	e statutory filing requ	irements, this date will	not be listed a
document's effec	tive 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: (b) The 90	h day after th
rd is tiled.		not an enterine time.			
Dated 05	//2	2018			
Dated	112				
	1/11	ne d	15 /1	ore	
	Signature of	of a member or authorize	ed representative of a m	ember	