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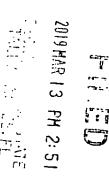
| (Requestor's Name)                      |
|---|
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| (Address)                               |
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R. WHITE

## **COVER LETTER**

| TO:      | Registration Se<br>Division of Cor |  |   |   |  |  |  |
|----------|------------------------------------|--|---|---|--|--|--|
| CI ID II |                                    | ns Home Team, PLLC                           |   |   |  |  |  |
| SUBJI    | ECI:                               | Name of Limited Liability Company            |   |   |  |  |  |
| The en   | iclosed Articles of                | Amendment and fee(s) are subt                | nitted for filing.  |   |  |  |  |
| Please   | return all correspo                | ndence concerning this matter t              | to the following:   |   |  |  |  |
|          |                                    | William A. Ferro, Jr.                        |   |   |  |  |  |
|          |                                    |  | Name of Person  |   |  |  |  |
|          |                                    |  | Firm/Company  |   |  |  |  |
|          |                                    | 203 S. Orchard Street, Unit                  | 3A  |   |  |  |  |
|          |                                    | Ormond Beach, FL 32174                       | Address   |   |  |  |  |
|          |                                    | Will@theoceanshometeam.c                     | City/State and Zip Code   | <del></del>   |  |  |  |
|          |                                    | E-mail address: (t                           | o be used for future annual report notif                            | ication)  |  |  |  |
| For fu   | rther information o                | oncerning this matter, please ca             | ill:  |   |  |  |  |
| Willia   | m A. Ferro, Jr.                    |  | 386 631-2356<br>at ()   |   |  |  |  |
|          | Name o                             | f Person                                     | Area Code Daytime   | Telephone Number  |  |  |  |
| Enclos   | sed is a check for th              | ne following amount:                         |   |   |  |  |  |
| □ \$2    | 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |  |

TO:

MAILING ADDRESS: 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

The Oceans Home Team, PLLC

FILED

| (Name of the Limited<br>(A   | Liability Company as it re<br>Florida Limited Liability (        | ow appears on or<br>Company)    | ur <del>(स्टिनेबंड:</del> )हर । उ      | PA 2:51                                 |
|--|--|---------------------------------|--|---|
|  | •  |                                 | one.                                   | : ATE                                   |
| The Articles of Organization for this Limited Liab   | lity Company were fil  | led on Decembe                  | er 2012018 / []                        | 25 and assigned                         |
| Florida document number 1.18000291896  | ·  |                                 |  |   |
| This amendment is submitted to amend the follow  | ng:  |                                 |  |   |
| A. If amending name, enter the new name of the   | e limited liability cor  | npany here:                     |  |   |
| The new name must be distinguishable and contain the word  | s "Limited Liability Comp  | nany." the designat             | iion "LLC" or the abb                  | reviation "L.L.C."                      |
| Enter new principal offices address, if applicab   | e:   |                                 |  | <del></del>                             |
| (Principal office address MUST BE A STREET)  | ADDRESS)   |                                 |  |   |
|  |  |                                 |  |   |
|  |  |                                 |  |   |
| Enter new mailing address, if applicable:  |  |                                 |  | ····                                    |
| (Mailing address MAY BE A POST OFFICE BO   | OX)  |                                 |  |   |
|  |  |                                 |  |   |
|  | -  |                                 |  |   |
| B. If amending the registered agent and/or   |  | dress on our                    | records, enter t                       | he name of the new                      |
| registered agent and/or the new registered offic   | <u>e address here</u> :  |                                 |  |   |
|  |  |                                 |  |   |
| Name of New Registered Agent:  |  |                                 |  |   |
| New Registered Office Address:   |  |                                 |  |   |
|  |  | Enter Florida str               | eet address                            |   |
|  | <u> </u>   |                                 | , Florida                              |   |
|  | City   | •                               |  | Zip Code                                |
| New Registered Agent's Signature, if changing Reg  | istered Agent:   |                                 |  |   |
| I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the rescompany has been notified in writing of this ch | and complete performed agent as provide<br>istered office addres | nance of my d<br>d for in Chapt | uties, and I am fo<br>er 605, F.S. Or, | uniliar with and<br>if this document is |
|  |  |                                 |  |   |

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                      | <u>Address</u>                 | Type of Action |
|--------------|----------------------------------|--------------------------------|----------------|
| AMBR         | William A. Ferro. Jr.            | 203 S. Orchard Street, Unit 3A | <b>5</b>       |
|              |                                  | Ormond Beach, FL 32174         |                |
|              |                                  |                                | ■ Remove       |
|              |                                  |                                | ☐ Change       |
|              | Hilary A. Deininger              | 23 Oakmont Circle              | Change         |
| AMBR         |                                  |                                |                |
|              |                                  | Ormond Beach, FL 32174         |                |
|              |                                  |                                | ■ Remove       |
|              |                                  |                                | ☐ Change       |
| AMBR         | William Anthony Ferro, Jr., PLLC | 203 S. Orchard Street, Unit 3A | _              |
|              |                                  | Ormond Beach, FL 32174         | Add            |
|              |                                  | Official Deach, 11, 32174      | Remove         |
|              |                                  |                                | Chamas         |
|              | Hilary Anne Deininger, PLLC      | 23 Oakmont Circle              | Change         |
| AMBR         |                                  |                                | Add            |
|              |                                  | Ormond Beach, FL 32174         |                |
|              |                                  |                                | Remove         |
|              |                                  |                                | ☐ Change       |
|              |                                  |                                |                |
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|              |                                  | <del></del>                    |                |
|              |                                  |                                | ☐ Remove       |
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|                          |   |
| (If an effective Note: 1 | te date, if other than the date of filing:  |
|                          | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated _                  | 2-26. <u>2019</u> .   |
|                          | Signature of a member or authorized representative of a member  |
|                          | William A Ferra Jr Typed or printed name of signee  |

Page 3 of 3

Filing Fee: \$25.00