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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Ocean Ridge Realty Florida, LLC d/b/a Ocean Ridge Realty

Name of Limited Liability Company

			Albert Medina	
			Name of Person	
	C	Cean Ridge Realty F	lorida, LLC d/b/a Oceai	n Ridge Realty
			Firm/Company	
		301	W. Atlantic Ave. #0-5	
		 	Address	
		De	lray Beach, FL 33483	
			City/State and Zip Code	
		albe	ertvmedina@gmail.com	
			to be used for future annual report notif	ication)
Fo	r further information c	oncerning this matter, please co	all:	
	Albert	Medina	at (_561)71	5-1949
	Name o	f Person	Area Code Daytimo	: Telephone Number
En	closed is a check for the	ne following amount:		
23	\$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 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

Ocean Ridge Realty Florida, LLC d/b/a Ocean Ridge Realty (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 1/15/2019 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned L19000016515 Florida document number ___ 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." 301 W. Atlantic Avenue, Suite 5 Enter new principal offices address, if applicable: Delray Beach, FL 33444 (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: Enter Florida street 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

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

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			D Add
			□ Remove
			Change
	 		
			□ Remove
			☐ Change
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
			□ Change
			Add
			Remove
			D Chara

). If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Note: If the	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: h day after the record is filed.
Dated	February 14th 2019
-	Signature of a member or authorized representative of a member
	Albert Medina
-	Typed or printed name of signee

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Filing Fee: \$25.00