## 

(Red	questor's Name)	
(Add	Iress)	
(0.4)	iress)	
(Add	iress)	
(City	//State/Zip/Phone	
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Dag	cument Number)	
(Luc	ament Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	





11/02/20--01033--019 \*\*60.00



•		COVER LETT	ER	
TO: Registration Se				
		•		
OCEANIK SUBJECT:	LLC .	•		
;	Name of Limi	ted Liability Company	<u>~</u>	<del></del>
	·		•	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.		
Please return all correspo	ndence concerning this matter (	to the following:		
	EDDAR BRUNETTI			
		Name of Person	<del></del>	······································
	OCEANIK, LLC			
		Firm/Company	<u> </u>	
	2719 KINSINGTONE CIR	.CLE		· ·
		Address		
	WESTON, FL 33332			
		City/State and Zip Co		•
	eddar.brunetti@gmail.com	Chyrstale and Zip C	ode	
		to be used for future and	nual report notifi	cation)
For further information c	oncerning this matter, please co	all:		
FLORENCIA SANCLEI	MENTE	954	6684726	
Name o	Person	at ( Area Code	Daytime	Telephone Number
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Certified Cop (additional copy	у	\$60.00 Filing Fe Certificate of S Certified Copy (additional copy is
Mailing Addres Registration S Division of C P.O. Box 632	ection orporations	Reg Div	et Address: gistration Servision of Core c Centre of T	porations
P.U. Box 032	,			e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCEANIK, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	nny as it now appears on our records.) Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company Florida document number L19000022841	were filed on JANUARY 22 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited link	ollity company here:	
OCEANIK, LLC		
The new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2719 KINSINGTONE CIRCLE	- 3
(Principal office address MUST BE A STREET ADDRESS)	WESTON, FL 33332	
		1
		•
Enter new mailing address, if applicable:	2719 KINSINGTON CIRCLE	
(Mailing address MAY BE A POST OFFICE BOX)	WESTON, FL 33332	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter t</u>	he name of the new registered
New Registered Office Address:	<u> </u>	
THE THAT WAS A STATE OF THE STA	Enter Florida street address	
		rida
	City	21р Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	ee to act in this capacity. I fur performance of my duties, an provided for in Chapter 605	F.S. Or if this document is

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 person or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	GLAVIA BRUNETTI		[]Add
		AV PPAL CUMBRES DED CURUMO RESD NE	RVI ⊜Remove
			Change
			□Add
			🖸 Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			Remove
			Change
			□Add
			Remove
			Change
<del></del>			□Remove
			□ Change

-	
•	
-	
-	
_	
_	
	(ontional)
ote: If	ve date, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after to
record : is filed	u.
is filed	CTOBER 26 , 2020 ,
is filed	2020

Filing Fee: \$25.00