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Amend

JUL 2 4 2019
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COVER LETTER

TO: Registration Section Division of Corpo		
SUBJECT:	TSAAC OCEAN 44.	
	Name of Limited Liability Company	
The enclosed Articles of An	nendment and fee(s) are submitted for filling.	
Please return all correspond	ence concerning this matter to the following:	
	TSAAC OCEAN Name of Person	
	Firm/Company	
	Firm/Company	
	217 S. LAKESIDE DR, 2B	
	LAKE WORTH, FL, 33460 City/State and Zip Code I SAACOCEAN DISANCOCEAN. COM	
	City/State and Zip Code	
-	E-mail address: (to be used for future annual report notification)	
For further information cond	terning this matter, please call:	
ITSAAC C		
Name of Pe	rson Area Code Daytime Telephone Number	
Enclosed is a check for the f	ollowing amount	
ឆ្ក ់ \$25.00 Filing Fee	□ \$30.00 Fiting Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Statu (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

I SAA	→ □ -1 -1 1 1 1 1 1 1 1 1	LLC.		
(<u>Name of the trim</u>	ited Liability Compar (A Florida Limited L	ny as it now appears on or nability Company)	<u>ir records</u>)	
The Articles of Organization for this Limited I Florida document number $\frac{190003}{1}$	Liability Company 9 3 5 3 7	were filed on FEB,	2019	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name o</u>	of the limited liabi	lity company here:		
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designat	on "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE.	ET ADDRESS)			
	,		-	
Enter new mailing address, if applicable:				2019 J.
(Mailing address MAY BE A POST OFFICE	BOX)		<u></u> :	
	<u></u>			
				<u> </u>
B. If amending the registered agent and registered agent and registered agent and/or the new registered of	l/or_registered_off ffice address here	fice address on our :	records, <u>enter</u>	يب the name of the ne
Name of New Registered Agent:	Isaac Ocean			
New Registered Office Address:				
		Enter Florida stre	et address	-
			Florida	
		City		Zio Code

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>	<u>Name</u> Isaac Ocean	<u>Address</u>	Type of Action
AMBR	isaac veedii		Add
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<u>Note:</u>	ective date is If the date i	listed, th userted	e date mus na this bl	st be specific ock does n	and cannot t	applicable sta	of filing or mo atutory filing	re than 90 days a	otional) fter filing) Purs this date will n	uant to 605 0207 (3)(b) not be listed as the
If the rec (b) The						ut not an e	effective ti	me, at 12:0	1 a.m. on th	ne earlier of:
Dated _	7-12	- 19		112	. <u>D</u> w	<u> 19</u> .				
				// X.C.E. Signature o	t a member o	or authorized r	epresentative o	of a member		
				مسد ا	T- JUAN	OCEAH or printed name				
				<u> </u>	Typed o	or printed name	of signee			