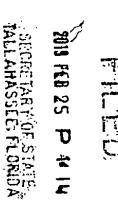
## 1190000 41148

Office Use Only



400324971544

02/25/19--01021--015 \*\*25.0



COCHOS NAN TUENNEUX

## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Div	ision of Corp	orations					
	OCEAN DR	IVE BOAT PARTY AND NIC	HTLIFE LLC				
SUBJECT: Name of Limited Liability Company							
The enclosed	Articles of A	Amendment and fee(s) are subm	nitted for filing.				
Please return	all correspon	ndence concerning this matter to	o the following:				
		MARIA ROSA FOLCH LLAURADO					
		Name of Person					
		OCEAN DRIVE BOAT PA	ARTY AND NIGHTLIFE LLC				
			Firm/Company				
		3110 SW 13TH STREET					
		Address					
MIAMI BEACH, FL 33145							
		miamipartyforyou@gmail.co					
		E-mail address: (I	o be used for future annual report noti	lication)			
For further	information c	oncerning this matter, please ca	dl:				
MARIA RO	SA FOLCH	LLAURADO	305 7219849 at ()				
	Name o	f Person		e Telephone Number			
Enclosed is	a check for th	ne following amount:					
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Registi Divisio	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corporation	on			
		ox 6327 assee, FL 32314	Clifton Building 2661 Executive Co	enter Circle			

Taliahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ... OF

FILED

## OCEAN DRIVE BOAT PARTY AND NIGHTLIFE LLC

(Name of the Limited Liability Company as it now appears on our records) | 1 | 25 | 25 | 4 | 4 |

The Articles of Organization for this Limited Liability Company Florida document number L19000041148	were filed on 02/13/2019	GEORETARY OF STATE TABLAHASSEE FERMOA
This amendment is submitted to amend the following:		
this amendment is submitted to amend the following.		
A. If amending name, enter the new name of the limited liab	ility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3110 SW 13TH STREET	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33145	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		cords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
_		_, Florida
<del>3,</del>	City	Zip 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	THOMAS DONALD	730 8TH STREET MIAMI BEACH, FL 33139	
			■ Remove
			Change
			Add
			Remove
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Add
			Remove
			Change
			Add
			□ Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	02/19/2019
Note	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of earlier of the day after the record is filed.
Date	1 2/19 , 2019. (Interesa)
	(LAROSQ)
	Signature of a member or authorized representative of a member
	MARIA ROSA FOLCH LLAURADO
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00