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Amend

APR 0 6 2019

I ALBRITTON

COVER LETTER

š.

TO:

Registration Section

:

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 Blue Staf	Ping Internation	nal LLC
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/13/2	2019 and assigned
Florida document number <u>L 19 0000 715 2 3</u> .		ہ
This amendment is submitted to amend the following:		TILL PINE 27
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "Latic."
Enter new principal offices address, if applicable:	866 mason	Ave Ste 3A
(Principal office address MUST BE A STREET ADDRESS)	Daytona Beann	CC 32/19
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	866 Mason Daytona Beac	Ave Sto3A n FL 32117
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MCE	Ntanken Peter Nehubabo.	Address 1320 Westwood dr Daytona Beach FL 32117	⊠ Add
			Remove
			Change
			Add
			□ Remove
			Change
			D Add
			Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change
			🗆 Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
•	
	<u>-</u>
	
	
Effective date, if other than the date of filing:	uant to 605.0207 (3) not be listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the poth day after the record is filed.	ne earlier of:
Dated March 22. 2019.	
Signature of a member or authorized representative of a member	
Ntankeh Peter Nehubabou Typed or printed name of signee	

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Filing Fee: \$25.00