## L19000103437

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| PICK-UP WAIT                                | MAIL           |
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| Certified Copies Certifica                  | ates of Status |
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## **COVER LETTER**

| TO: Registration Division of C |  |   |  |  |
|--------------------------------|--|---|--|--|
|                                | K RE, LLC                                    |   |  |  |
| SUBJECT:                       | Name of Limit                                | ted Liability Company   |  |  |
| The enclosed Articles          | of Amendment and fee(s) are subr             | nitted for filing.  |  |  |
| Please return all corres       | pondence concerning this matter t            | to the following:   |  |  |
|                                | ANDREW R. PARDUN, E                          | SQ.   |  |  |
|                                |  | Name of Person  | <u></u>  |  |
|                                | BATTAGLIA, ROSS, DIC                         | US & MCQUAID, P.A.  |  |  |
|                                |  | Firm/Company  |  |  |
| 5858 CENTRAL AVENUE, SUITE A   |  |   |  |  |
|                                |  | Address   |  |  |
|                                | ST. PETERSBURG, FLOR                         | AIDA 33707  |  |  |
|                                | LHEDS@BRDWLAW.CO                             |   |  |  |
|                                | E-mail address: (                            | to be used for future annual report notif                           | fication)  |  |
| For further informatio         | n concerning this matter, please co          | all:  |  |  |
| ANDREW R. PARDI                | UN   | 727 381-2300  |  |  |
| Nau                            | ne of Person                                 | at ()at ()  | e Telephone Number   |  |
| Enclosed is a check fo         | or the following amount:                     |   |  |  |
| \$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

| OCEANIK RE, LLC   |  |   |                                       |
|---|--|---|---------------------------------------|
| (Name of the Limi   | ted Lighility Comp<br>(A Florida Limited | pany as it now appears on our distribution Company) | records.)                             |
| The Articles of Organization for this Limited L                                       | iability Compar                          | ny were filed on 04/15/2019                         | and assigned                          |
| Florida document number L19000103437  |  |   |                                       |
| This amendment is submitted to amend the foll   | owing:                                   |   |                                       |
| A. If amending name, enter the new name o   | f the limited liz                        | ability company here:                               |                                       |
| OCEANIC RE, LLC   |  |   |                                       |
| The new name must be distinguishable and contain the                                  | words "Limited Lia                       | bility Company," the designation                    | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic  | cable:                                   |   |                                       |
| (Principal office address MUST BE A STREI   | ET ADDRESS)                              |   |                                       |
|   |  | <u></u>   | 30 5 -11                              |
| Enter new mailing address, if applicable:   |  | 3301 BAYSHORE BO                                    | ULEVARD 2                             |
|   | ROY                                      | UNIT 902  | S. T. O                               |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | TAMPA, FLORIDA 33                                   | 1629                                  |
|   |  |   | 7                                     |
| B. If amending the registered agent and registered agent and/or the new registered of |  |   | records, enter the name of the ne     |
| Name of New Registered Agent:   |  |   |                                       |
| New Registered Office Address:  | 3301 BAYS                                | HORE BOULEVARD, UNI                                 | Γ 902                                 |
|   | <del>-</del> ,                           | Enter Florida stree                                 | et address                            |
|   | ТАМРА                                    |   | , Florida <sup>33629</sup>            |
|   |  | 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 added or removed from our records:

| MGR =  | Manager           |
|--------|-------------------|
| AMBR = | Authorized Member |

| Title       | <u>Name</u>  | Address                 | Type of Action  |
|-------------|--------------|-------------------------|-----------------|
|             | YASMINA NOVO | 3301 BAYSHORE BOULEVARD |                 |
| MGR         |              |                         | 🗀 Add           |
|             |              | UNIT 902                |                 |
|             |              |                         | Remove          |
|             |              | TAMPA, FL 33629         |                 |
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| (If an effective da<br>Note: If the d | e, if other than the of<br>the is listed, the date must<br>note inserted in this blo<br>fective date on the De | se specific and cannot the care the | applicable statutory   | or more than 90 days afte filing requirements, th | ional)<br>er filing.) Pursuant to 60<br>is date will not be lis | 5.0207 (3<br>icd as th |
| the record s<br>The 90th              | pecifies a delayed<br>day after the reco   | effective date, b                   | out not an effect      | ve time, at 12:01                                 | a.m. on the earl  | ier of:                |
| Dated                                 | June   | 25) 20                              | 019                    |   |   |                        |
|                                       | , 1  | Signature of a member               | or authorized represen | tative of a member                                |   |                        |
|                                       | $\mathcal{M}$  | 1/                                  |                        |   |   |                        |

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Filing Fee: \$25.00