119000 108 928

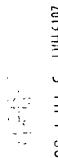
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
·
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600329061866

08/09/19-51009-5000 **28.00



2019 HAY -9 PM 1:38

C. GOLDEN MAY 2 0 2019

COVER LETTER

SUBJECT:COM	PSON OCEAN GROUP. 1	LLC	
	PSON OCEAN GROUP, I Name of Limi	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Diago return all correct	oondence concerning this matter	to the following:	
Trease retorn an corresp	owndence concerning this matter	to the following.	
	Blaine C. Dickenso	on Fea	
	braine c. brakense	Name of Person	
	Dickenson Murnhy	Rex_and_Sloan	
	brokenson, narphy,	Firm/Company	
	250 NW 4th Diagona	. 7	
	230 MM 3EM DIAGONA	Address	
	Boca Raton, FL 334	132	
	<u> </u>	City/State and Zip Code	
	h = 30 3 1		
	bcd@dmrslaw.com E-mail address: (t	o be used for future annual report no	otification)
		•	
For further information	concerning this matter, please ca	ill:	
		at () Area Code Dayti	ime Telephone Number
Name	of Person	Area Code Dayti	ime Telephone Number
F 1 1: 1 1 6			
Enclosed is a check for	the following amount:		
⊠ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

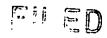
TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, PL 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



ne as it man anna	tes an our rooted	2019 MAY -9 PM 1:38
Liability Company)	us on our record	<u> </u>
were filed on _	4/22/19	and assigned
ility company l	<u>iere</u> :	
lity Company," the	designation "LLC	" or the abbreviation "L.L.C."
		
ffice address o e:	n our records	s, enter the name of the new
Ene Pl	and to some star of the co	
enter Fle	rraa sireet adares	3
City	Fle	orida Zin Code
1	ility company h	2: Enter Florida street addres Flo

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
MGR_	Jeffr <u>ey_Comparato</u>	36 SE 3rd Street	Add
		Boca Raton, FL 33432	⊠ Remove
			☐ Change
MGR_	Carl_EKlepper,_Jr	36 SE_3rd_Street	
		Boça_Raton, FL 33432	₩ Remove
			Change
MGR_	Robert D'Angelo	36_SE_3rd_Street	
		Boça Raton, FL 33432	⊠ Remove
			Change
MGR	Jeffr <u>ey Comparato, Truste</u> e	36_SE_3rd_Street	X FAdd
		Boca_Raton, FL 33432	□ Remove
			Change
IGR	Robert D'Angelo, Trustee	36_SE_3rd_Street	XIAdd
		Boca Raton, FL 33432	☐ Remove
			Change
MGR_	Carl <u>EKlepper, Jr., Tr</u> ust	tee <u>36 SE 3rd Street</u>	≱ ≰(Add
		Boca Raton, FL 33432	Remove
			Change

D. II ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
-	
_	
-	
_	
_	
_	
-	
_	
_	
-	
_	
(If an effe Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _.	May_1
	Signature of a member or authorized representative of a member
	Blaine C. Dickenson, Esq. Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00