L19000111038

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



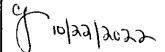
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Office Use Only

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COVER LETTER

TO: Registration Section
Division of Corporations

Tallahassee, FL 32314

Seven Ocea SUBJECT:	ans Marine Services, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Alex Nomer		
		Name of Person	
	Seven Oceans Marine Ser	vices, LLC	
	 	Firm/Company	
	671 Lindell Blvd.		
		Address	
	Delray Beach, FL 33444-1	949	
		City/State and Zip Code	
	accounting@sevenoceansse		
	E-mail address: (to be used for future annual report not	tification)
For further information c	oncerning this matter, please o	all:	
Andrea Branco		561 493-9876 at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne 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		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



October 1, 2022

ALEX NOMER 671 LINDELL BOULEVARD DELRAY BEACH, FL 33444-1949

SUBJECT: SEVEN OCEANS MARINE SERVICES LLC

Ref. Number: L19000111038

We have received your document for SEVEN OCEANS MARINE SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 822A00021926

UCI 17 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 607 17 571 7:28

Seven Oceans Marine Services, Ll	LC	1 11 /: 28
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)
ne Articles of Organization for this Limited I orida document number L19000111038	Liability Company were filed on	4/23/2019 and assigned
is amendment is submitted to amend the fol	lowing:	
. If amending name, <u>enter the new name</u>	of the limited liability company	<u>here</u> :
e new name must be distinguishable and contain the	words "Limited Liability Company," th	c designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE If amending the registered agent and/or gent and/or the new registered office address.	registered office address on ou	r records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	Alex Nomer	
New Registered Office Address:	671 Lindell Blvd.	
	Enter I	lorida street address
	Delray Beach	. Florida 33444-1949
	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

<u>Title</u>	Name	Address	Type of Action
	 		□Add
			Remove
			Change
			□Add
			Remove
		 	□ Change
			□Remove
			□Change
			□ Remove
			□Add
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			□Change
			□Add
			□Remove
			□Change

-		
		
		
f an effectiv Note: If tl	date, if other than the date of filing:	.0207 ed as
e record sp ed is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated	10/12/22	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00