119000126688

(Re	questor's Name)	
(Ad	dress)	
	 	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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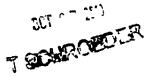
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Sharawayar Tajaja



COVER LETTER

Division of Corporations
SUBJECT: Oceanside Restration, LC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ADAM VALIENTE
Oceanside Environmental, LLC
501 NE 14th #505
Address
Hallandale Beach, FL 33009
Hallandale Beach, FL 33009 City/State and Zip Code adam@oceanside-restoration.com E-mail address: (to be used for fluture annual report notification)
For further information concerning this matter, please call:
ADAM VALIENTE at (786) 493-8320 Name of Person Area Code Daytime Telephone Number
Aca code Sayume Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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**

Oceanside R	estoration, LLC
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19 000126688</u> .	were filed on July 22, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab Oceans ide Environ The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A - Sum Address
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7/4 PI 13
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	/A
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	·

3

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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member Address <u>Title</u> <u>Name</u> Type of Action □ Add _□ Remove ☐ Change □ Add _□ Remove □ Add _□ Remove _□ Change □ Add □ Remove ☐ Change _□ Add □ Remove

☐ Change

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f an effective date <u>Note:</u> If the dat	is listed, the date it inserted in this	the date of filings the specific and shock does not a Department of	nd cannot meet the	applicable	AO ate of filing of statutory f	r more than 90 ling requires	(optio days after nents, this	filing.) Pur	suant to not be	605.0207 listed as
ne record spe The 90th d	ecifies a delay ay after the r	yed effective ecord is filed	date, b	out not a	n effectiv	e time, at	12:01 a	.m. on	the ea	arlier of
Dated 9/1	5)2019		8:	0000		/				
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·		Signature of a	//		1					

Page 3 of 3

Filing Fee: \$25.00