L19000141467

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(Address)	
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SECRETARY OF STATE
AND ARASSEE, FLORIDA

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COVER LETTER

TO: Registration S Division of Co		 21	- Spinis
SUBJECT: OCEA	NSIDE LAND SUM Name of Lin	NEYING OF ORMOND nited Liability Company	BEACH, LLC
The enclosed Articles of	Amendment and fec(s) are sul	bmitted for filing.	
Please return all correspondent	ondence concerning this matter	r to the following:	
	JAMES B. WAL	Name of Person	
	OCEANSIOC LA	Ja Surveyine of C	EMOUS BEACH, LLC
	2090 S. NOVA 1	20., υκίτ Α-107 Address	
	SOUTH DAYton	City/State and Zip Code	
	<u> </u>	eg mail. Com to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca		iculto(i)
RILL WEMBLE Name of	f Person	at (386) 763 - 4 Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 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:

TO:

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

a lana Suarmina	AR ORMOND	BEACHILED
OCEAUSIDE LA NO SURVEYING (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on clability Company)	AN AS 19 P 11 15
The Articles of Organization for this Limited Liability Company Florida document number <u>L119000141467</u> .	were filed on 6-	TALLAHASSEE, FLORIDA
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	No CHANGE	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	No CHAN	4E
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our ee:	r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
		, Florida Zip Code
	City	Zip Cone

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 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	JAMES B. WALKER III	BOS PENINSULA DA. ORMOND BCH,, FL. 32176	Add
			☐ Remove
			Change
			🗖 Add
			Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			Change
			□ Add
			Remove
			Change
			Remove
			Change

	JAMES B WALKER IS VICE PRESIDENT
	OF OCEANSIDE LAND SURVEYING OF
	ORMOND BEACH, LLC.
(If an ef Note:	ive date, if other than the date of filing:
	cord 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	B 13 19 AUGUST 13th , 2019.
	Bignature of a member or authorized representative of a member
	·
	JAMES B. WALKENTE Typed or printed name of signee

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Filing Fee: \$25.00