Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107

: (561)694-1639 Fax Number

**Enter the email address for this business entity to be used for future 19 annual report mailings. Enter only one email address please. **.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OCEAN INVESTMENTS 11 L.L.C.

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FEB 0 5 2020

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ocean Investments 11 L.L.C.			
(Name of the Limited Liability Cor (A Florida Limit	mpany as it non appears on our ted Liability Company)	records.)	
The Articles of Organization for this Limited Liability Comparing document number L19000158574	any were filed on June 25, 20	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	iability company here:		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designatio	in "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2	5 2	
		D.O.F.E.	
Enter new mailing address, if applicable:			<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		PH	-
		5 12 1	 `
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records,	enter the name of the new regi	<u>sterec</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	2 address	
	the rotal mee		
·	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Ag	•		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp	agree to act in this capacit	ty. I further agree to comply wit ties, and I am familiar with and	th the

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
AR	Aruzhan Kanat	465 Brickell Ave., #3601	□Add
		Miami, FL 33131	■Remove
MGR-ME	Aruzhan Kanat	465 Brickell Ave., #3601	BAdd
		Miami, FL 33131	□Remove
			□Change
MGR-ME	Dr. Vincent Vasile	110 West 34th St., Suite 406	≅ Add
		New York, NY 10001	□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			CRemove
	•		Change
			□Add
			□Remove
			☐ Change

Filing Fee: \$25.00