

L19000209203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

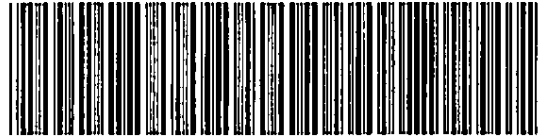
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900399356319

12/28/22--01014--025 **25.00

FILED
2022 DEC 28 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ocean 1 Apartments LLC

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:

Farah Cano

Name of Person

Ocean 1 Apartments LLC

Firm/Company

1017 NE 3rd St.

Address

Hallandale, FL 33009

City/State and Zip Code

ocean1apts@gmail.com

E-mail address: (to be used for future annual report notification)

RECEIVED
TALLAHASSEE, FLORIDA
2022 DEC 28 PM 3:25

For further information concerning this matter, please call:

Farah Cano

786

252-8671

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Ocean 1 Apartments LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 16, 2019 and assigned
Florida document number LI9000209203.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1017 NE 3rd St.

Hallandale, FL 33009

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1017 NE 3rd St.

Hallandale, FL 33009

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Farah Cano

New Registered Office Address:

1017 NE 3rd St.

Enter Florida street address

Hallandale

Florida

33009

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Dafne Cano	7300 Wayne Ave. #506	<input type="checkbox"/> Add
		Miami Beach, FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Max Cicardini	1017 NE 3rd St.	<input type="checkbox"/> Add
		Hallandale, FL 33009	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 DEC 28 PM 3:25
SECRETARY
TALLAHASSEE, FLORIDA

2012 DEC 28 PM 3:25
STONEMAN CEMETERY
TALLAHASSEE, FLORIDA

2022 DEC 28 PM 3:25
STONISIS
ITALIASSIST.FIORB

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated December 12, 2022

Caral Cane
Signature of a member or author

Farah Cano

Typed or printed name of signee