

Division of Corporations

Fax Audit Number: H19000284279 3

Page 1 of 2

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000284279 3)))



H190002842793ABC9

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GREENSPOON MARDER, P.A.  
Account Number : 076064003722  
Phone : (888) 491-1120  
Fax Number : (954) 333-4242

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

Email Address: Mark.Lynn@gmlaw.comLLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
OCEANSIDE BUILDINGS B&C, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

SEP 24 2019  
Help  
M. SOLOMON

Fax Audit Number: H19000284279 3

**Fax Audit Number: H19000284279 3****COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: Oceanside Buildings B&C, 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:

Mark J. Lynn, Esq.

\_\_\_\_\_  
Name of Person

Greenspoon Marder LLP

\_\_\_\_\_  
Firm/Company

200 East Broward Blvd, Suite 1800

\_\_\_\_\_  
Address

Fort Lauderdale, FL 33301

\_\_\_\_\_  
City/State and Zip Code

Mark.Lynn@gmlaw.com

\_\_\_\_\_  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark J. Lynn, Esq.

\_\_\_\_\_  
Name of Person

954-

734-1835

at (\_\_\_\_\_) \_\_\_\_\_

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301**Fax Audit Number: H19000284279 3**

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

(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 09/19/2019 and assigned Florida document number L19000226507.

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)***

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

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:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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**

**Fax Audit Number: H19000284279 3**

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>
MGR	George Duncan	3005 Hampton Drive	<input type="checkbox"/> Add
		Waynesboro, VA 22980	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dennis Welsh	10 Wellington Court	<input type="checkbox"/> Add
		Medford, NJ 08055	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Diane Boudreau	c/o Oceanside Apartments, Inc.	<input checked="" type="checkbox"/> Add
		3200 NE 7th Court	<input type="checkbox"/> Remove
		Pompano Beach, FL 33062	<input type="checkbox"/> Change
MGR	Sharon Crowel	c/o Oceanside Apartments, Inc.	<input checked="" type="checkbox"/> Add
		3200 NE 7th Court	<input type="checkbox"/> Remove
		Pompano Beach, FL 33062	<input type="checkbox"/> Change
MGR	Diana Duncan	c/o Oceanside Apartments, Inc.	<input checked="" type="checkbox"/> Add
		3200 NE 7th Court	<input type="checkbox"/> Remove
		Pompano Beach, FL 33062	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**Fax Audit Number: H19000284279 3**