

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.

(((H24000333067 3)))



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 : HOMMERDING ADVISORS LLC

Account Number : I20220000171 Phone : (954)532-3842

Fax Number : (954)532-3847

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

Email Address: CORPORATE @ EAGLE - TAX.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OCEANVIEW BUILDING GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	0.5
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: OCEANVI	EW BUILDING GROUP LL	C	
3010CC1.	Name of Lis	nited Liability Company	
	Amendment and fee(s) are subnidence concerning this matter		
	ALVIN HOMMERDING	•	
		Name of Person	
	EAGLE TAX		
		FimvCompany	
	5493 WILES ROAD SUI	TE 105	
		Address	
	COCONUT CREEK FL 3	3073	
	CORPORATE@EAGLE-I	City/State and Zip Code AX.COM	
For further information of	E-mail address:	to be used for future annual report not	fication)
ALVIN HOMMERDING		954 532-3842	
Name of	Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	El \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional 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

OCEANVIEW BUILDING GROUP LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as It now appears on our liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000245320</u>	were filed on 09/30/2019		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
OCEANVIEW CONSTRUCTION GROUP LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designatio	n "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE 4 STREET ADDRESS)			. > 3
		**	- · · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		17, 1 11, 14	
		:	
		<u> </u>	02
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name	e of the <u>new registe</u>
Name of New Registered Agent:		·············	
New Registered Office Address:			<u>. </u>
	Enter Florida stree		
		, Florida	
-	City	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	:		
I hereby accept the appointment as registered agent and agr	ree to act in this capacit	y. I further agr	ee to comply with

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>	Name	Address	Type of Action
			□Add
			🗀 Remove
			Change
			□Add
			CChange
			Remove
			☐ ☐ ☐ ☐ Change
			□Change
			□ Add
			□Remove
			Change
			☐Add
			□Change

									-	
					-					
	·=····································									
		 								
										
			-							
					· · · · · · · · · · · · · · · · · · ·				٠.,	
						•••				
	<u> 48 8 1</u>							······································		
					<u>. </u>			<u> </u>	1	
									779	•••
									=	- -
								, m	72	
- · · · · · · · ·		,,,,,								
-										
										
°	te, if other the	an tha data	of Allina				lan	tional)		
n effective d	te, if other the late is listed, the d date inserted in	late must be spe	eific and ca	unnot be prior	r to date of fi	ling or more the	in 90 days af	ter filing.) his date v	Pursuant	to 605.02
cument's c	ffective date or	the Departm	ent of Stat	te's records		or)g . • 4.				
-	::	.18	ht = 0.0 0 ==	. afforeius t	ime at 17:	llan on the	anrlier of	(b) The	Onth da	v after th
ecora spec is filed.	ifies a delayed e	errective date.	put not an	i enective t	ime, at 12.	Ji a.m. on the	carner or.	(0) 1110	90m da	y anei ti
OCTÓ	OBER 2			2024						
ited	OBER 2		_/		<u> </u>					

Typed or printed name of signee