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(Re	equestor's Name)	<del></del>
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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#### **COVER LETTER**

	istration Sectision of Corpo			
A		Realty Group, LLC		
	*** · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		Fausto Ferrer		
			Name of Person	
			Firm/Company	
		8490 NW 185th Street		
			Address	
		Hialeah, Florida 33015		
		Fausto I 109@yahoo.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report not	ification)
For further in	iformation cor	ncerning this matter, please ca	all:	
Fausto Ferrer		<u> </u>	305 773-1042 at ()	
	Name of I	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Palms Realty Group, LLC		200 M
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records, a Limited Liability Company)	) For Y 29
The Articles of Organization for this Limited Liability C	Company were filed on 12/13/2019	andassigned
Florida document number L19000303698	<u>_</u> ·	4 € 6 € 6 € 6 € 6 € 6 € 6 € 6 € 6 € 6 €
This amendment is submitted to amend the following:		· 6
A. If amending name, enter the new name of the lim	ited liability company here:	
Ocean Palms Realty Associates, LLC		
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter tl</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address	
	Flor	
	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>	Name	Address	Type of Action
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			□Remove
			☐ Change
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ote:	ive date, if other than the date of filing:  (optional)  ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
The	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.
ated	5/22/20  **Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Fausto Ferrer
	Typed or printed name of signee

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Filing Fee: \$25.00