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COVER LETTER

TO: Registration Section **Division of Corporations** REMAX OCEAN PROPERTIES, LLC SUBJECT: _ 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: David Thiemann Name of Person Firm/Company PO Box 30127 Address Palm Beach Gardens, FL 33420 City/State and Zip Code homes1000@comeast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David Thiemann Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **■** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REMAX OCEAN PROPERTIES, LLC					
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our red d Liability Company)	cords.)			
The Articles of Organization for this Limited Liability Compar	ny were filed on 01/21/2020	and assigned			
Florida document number L20000016590					
'his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	ability company here:	_			
SCHEISSE, LLC					
he new name must be distinguishable and contain the words "Limited Lia	bility Company." the designation "	LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	(Same as Current)				
Principal office address MUST BE A STREET ADDRESS)					
		\$E. 202			
Enter new mailing address, if applicable:	(Same as Current)				
Mailing address MAY BE A POST OFFICE BOX)					
		0 2			
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	e address on our records, <u>en</u>	iter the name of the new regist			
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 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
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