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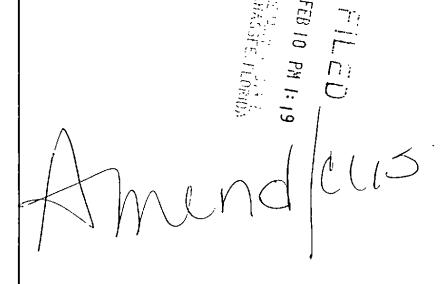
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## **COVER LETTER**

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our incom		LVD 209, LLC						
SUBJECT	<u> </u>	Name of Lim	ited Liability Company	<del></del>				
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please retur	n all correspo	ondence concerning this matter	to the following:					
		JOHN PARRINELLO						
			Name of Person					
		OCEAN BLVD 209, LLC						
		<del></del>	Firm/Company					
		236 PEMBROOK RD						
			Address					
		MOUNTAINSIDE, NEW	JERSEY 07092	EY 07092				
		MOUNTAINSIDE, NEW JERSEY 07092  City/State and Zip Code  JPARR1030@GMAIL.COM  E-mail address: (to be used for future annual report notification)						
		E-mail address: (	to be used for future annual re-	port notification)				
For further	information c	oncerning this matter, please c	all:					
JOHN PAR	RRINELLO		732 859-	1717				
	Name o	f Person	at () Area Code	Daytime Telephone Number				
Enclosed is	a check for th	ne following amount:						
□ \$25.00	Filing 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		Street Add Registrati	ress: ion Section					
	_	forporations	<del>-</del>	of Corporations				
	O. Box 632		The Cent	re of Tallahassee				
l'a	allahassee, I	÷1. 32314	2415 N. 1	Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ocean Blvd 209, 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 January 20, 2020 and assigned 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 "LLC." 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

## 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.

City

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
Member	Grace Parrinello	5000 N Ocean Blvd Unit 209	□Add
		Lauderdale by the Sea, FL 33308	<b>≡</b> Remove
			🗆 Add
			□Remove
			Change
			🗆 Add
			Remove
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effective date is listed, ( e: If the date inserte	the date must be specific and in this block does not a	d cannot be prior to d meet the applicable	ate of filing or more the statutory filing rec	ian 90 days after filing.) juirements, this date v	Pursuant to 605,020 will not be listed a
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tiled.	ed effective date, but not	an effective time.	. at 14.01 a.m. on tr	te earner of: (6) The	90m day aher m
February 5,2020		^			
ed		·/}			
	Maria	Muca	ello		
	Signature of a	member or authorize	ed representative of a	member	
	. ^	•	11		