

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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number : (855)330-1010

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

Email Address:

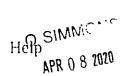
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<b>Email</b>	Address:			 	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ONE OCEAN ASSOCIATION LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

One Ocean Association LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ny as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on 02/07/2020	and assigned
Florida document number L20000045374		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
C. A		2020
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)	-	
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B. If amending the registered agent and/or registered of	fice address on our records, enter t	the name of the new
registered agent and/or the new registered office address here	2:	
Name of New Registered Agent:		
N. D. C. LOFF on Address.		
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

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Evgenios Antoniadis	One Ocean, Suite 205	🗹 Add
		Nassau SS-6316, Bahamas	Remove
			Change
AMBR	Phillip Vitug	One Ocean, Suite 908	☑ Add
		Nassau SS-6316, Bahamas	Remove 020 Change
			Change
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			Change
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ective date, if other than the d	ate of filing:	(ор	otional)
ective date, if other than the di effective date is listed, the date must b te: If the date inserted in this bloc	be specific and cannot be prior to date k does not meet the applicable sta	of filing or more than 90 days al atutory filing requirements, t	fter filing.) Pursuant to 64 this date will not be li
ument's effective date on the Dep	artment of State's records.		
record specifies a delayed e	effective date, but not an e	effective time, at 12:0:	1 a.m. on the ear
he 90th day after the recor	d is filed.	·	
<sub>ed</sub> April 7	2020		

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Filing Fee: \$25.00