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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OCEAN DEVOTED LLC

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:

JORDAN COLLINS

Name of Person

OCEAN DEVOTED LLC

Firm/Company

1140 JOHN ANDERSON DR

Address

ORMOND BEACH, FL 32176

City/State and Zip Code

JORDANCOLLINS1414@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORDAN COLLINS

386

527-5066

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 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 DEVOTED LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Com

(A Florida Limited Liability Com

The Articles of Organization for this Limited Liability Company were filed on 02/25/2020 and assigned Florida document number 120000061803

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 "L.L.C."

**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

## Florida

Cin.

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> | <u>Name</u>             | <u>Address</u>         | <u>Type of Action</u>                   |
|--------------|-------------------------|------------------------|---|
| MGR          | JORDAN COLLINS          | 1140 JOHN ANDERSON DR  | <input checked="" type="checkbox"/> Add |
|              |                         | ORMOND BEACH, FL 32176 | <input type="checkbox"/> Remove         |
|              |                         |                        | <input type="checkbox"/> Change         |
| MGR          | JETT J COLLINS          | 1140 JOHN ANDERSON DR  | <input checked="" type="checkbox"/> Add |
|              |                         | ORMOND BEACH, FL 32176 | <input type="checkbox"/> Remove         |
|              |                         |                        | <input type="checkbox"/> Change         |
| MGR          | HUNTER J (JETT) COLLINS | 40 SURFSIDE DR         | <input type="checkbox"/> Add            |
|              |                         | ORMOND BEACH, FL 32176 | <input type="checkbox"/> Remove         |
|              |                         |                        | <input type="checkbox"/> Change         |
|              |                         |                        | <input type="checkbox"/> Add            |
|              |                         |                        | <input type="checkbox"/> Remove         |
|              |                         |                        | <input type="checkbox"/> Change         |
|              |                         |                        | <input type="checkbox"/> Add            |
|              |                         |                        | <input type="checkbox"/> Remove         |
|              |                         |                        | <input type="checkbox"/> Change         |
|              |                         |                        | <input type="checkbox"/> Add            |
|              |                         |                        | <input type="checkbox"/> Remove         |
|              |                         |                        | <input type="checkbox"/> Change         |

[illegible]

(If an effective 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 7TH 2020

HUNTER J COLLINS

Typed or printed name of signee