## L200000 65803

(Req	uestor's Name)	
(Addi	ress)	
(Add	ress)	
(City)	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Name	e)
(Doc	ument Number)	
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S. YOUNG

## **COVER LETTER**

TO: Registration So Division of Cor			
	EVOTED LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JORDAN COLLINS		
		Name of Person	<del></del>
	OCEAN DEVOTED LLC	;	
	-	Firm/Company	
	1140 JOHN ANDERSOI	N DRIVE	
	-	Address	
	ORMOND BEACH FL 33	2176	
		City/State and Zip Code	
	JORDANCOLLINS1414@	@GMAIL.COM  To be used for future annual report not	(Contion)
For further information e	oncerning this matter, please co	·	meanon
SUZANNE ENGEL		386 269-9656	
Name o	t Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5		Street Address: Registration Se	ection
Division of Corporations		Division of Co	rporations
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monro	Fallahassee be 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 Company) The Articles of Organization for this Limited Liability Company were filed on  $\underline{\underline{02/25/2020}}$ Florida document number L20000061803 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.

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
MGR	COLLINS, HUNTER J (JETT)	40 SURFSIDE DR	□Add
		ORMOND BEACH FL 32176	■Remove
			□Change
			Remove
			Change
			🗆 Add
			□Remove
			☐ Change
			□Add
			□Remove
		<del> </del>	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Chanve

	<u> </u>
(If an e Note:	ive date, if other than the date of filing:
he reco	d 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 led.
Dated	57/30/2020.
	Rignature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	$\smile$

Filing Fee: \$25.00