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AUG 03 2020 S. YOUNG

Division of Cor	porations		
	S PROPERTIES LLC		•
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for thing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ROBERT B DIMENNA		
		Name of Person	
	OPEN SEA PROPERTIE:	SLLC	
		Firm Company	
	5293 CAMELOT DR WE	ST	<u></u>
		Address	
	SARASOTA, FL. 34233		
		City/State and Zip Code	
	OPENSEASPROPERTIES	•	
		to be used for future annual report	notification)
For further information e	oncerning this matter, please c	att:	
BOB DIMENNA		614 554-2945	i
Name o	f Person		time Telephone Number
Enclosed is a check for the	ie following amount.		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (moditional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5		Street Address Registration	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632			f Tallahassee
Tallahassee, l	et. 32314	2415 N. Mor	roe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section

TO ARTICLES OF ORGANIZATION OF

OPEN SEAS PROPERTIES LLC

(<u>Name of the Limited Liability Comp.</u> (A Florida Limited	my as it now appears on our reco Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L20000091515 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab		and assig
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LI	.C" or the abbreviation "L.L.
Enter new principal offices address, if applicable:	5020 CLARK RD # 241	
(Principal office address MUST BE A STREET ADDRESS)	SARASOTA, FL. 34233	. <u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5020 CLARK RD # 241 SARASOTA, FL 34233	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>ente</u>	r the name of the new
New Registered Office Address:		
New Registered Villide Address.	Enter Florida street addr	ess
	, P	- Horida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
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Effective date, if other than t	he date of filing: (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60
If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be fis
record specifies a delayed effec d is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
Dated MAY 19	2020
1/1/1/	
_///II/S	Signature of a member or authorized representative of a member
/ '	y engineere of a member of aumorized representative of a member
ROBERT B DIMEN	NA

Typed or printed name of signed