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.

(((H24000300539 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LITTMAN, SHERLOCK & HEIMS, INC.

Account Number : I19980000097 Phone : (772)287-0200

Fax Number : (772)872-5152

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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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2950 SE OCEAN LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 05 |
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17728725152

From: Littman, Sherlock & Heims, PA

COVER LETTER

TO: Registration Section
Division of Corporations

Tallahassee, FL 32314

(((H24000300539 3)))

| SUBJECT: | 2950 S | E OCEAN LLC | |
|---------------------------------|---|--|--|
| | Name of Lin | sited 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: | |
| | Karen Chesney, Assistant | | |
| | | Name of Person | |
| | Littman, Sherlock & Heim | s, P.A. | |
| | | Firm/Company | |
| | 618 SE Ocean Blvd., Suite | : 5 | |
| | | Address | 100 100 100 100 100 100 100 100 100 100 |
| | Stuart, FL 34994 | | |
| | | City/State and Zip Code | |
| | glenholder@hotmail.com | | |
| | | to be used for future annual report no | tification) |
| For further information of | oncerning this matter, please c | ail: | |
| Gael 1 | Beriro | 772 287-020 | |
| Name o | f Person | Area Code Daytin | me Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| □ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address | | Street Address: | |
| Registration S Division of C | | Registration Se Division of Co | |
| P.O. Box 632 | | The Centre of | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

To: 18506176383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000300539 3)))

| | 2950 SE OCEAN LLC | | 夏人 |
|--|--|---------------------------------|---------------------------------|
| (Name of the Almlied | Liability Company на it поw Florida Limited Liability Com | appears on our recor pany) | W 300 8 7 |
| The Articles of Organization for this Limited Lieb Florida document number L20000159858 | pility Company were filed | on06/10/2020 | and assigned |
| This amendment is submitted to amend the follow | ving: | | 3. 3. |
| A. If amending name, enter the new name of t | he limited liability compa | iny here: | , |
| The new name must be distinguishable and contain the wor | ole: | " the designation "LL(| C" or the abbreviation "L.L.C." |
| (Principal office address MUST BE A STREET | ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | 0x) | | |
| B. If amending the registered agent and/or reg agent and/or the new registered office address | pstered office address on here: | our records, <u>ente</u> s | the name of the new registered |
| Name of New Registered Agent: | GLEN M. HOLDER | | |
| New Registered Office Address: | En | ter Florida street addre | a |
| | | , F | lorida |
| N | City | · · · <u>-</u> · · - | Zip Code |
| New Registered Agent's Signature, if changing Re | gistered 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 dial lity company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

To: 18506176383

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17728725152

From: Littmen, Sherlock & Heims, PA

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 |

(((H24000300539 3)))

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------------------|--------------------|----------------------------|
| MGR | RACHEL HOLDER FLEISCHMANN | 180 WATSON RD | □Add |
| | | HINSDALE, MA 01235 | ■Remove |
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To: 18506176383

| ' 'amondina any | (((H24000300) other information, enter change(s) here: (Attach additional sheets, if necessary.) | 539 |
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| amenung any | other information, enter change(s) here: (Mach daditional sheets, if necessary) | • |
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| fective date, if | other than the date of filing: (optional) listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 | 307 (1 |
| ote: If the date i | inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed | as th |
| cument's effect | ive date on the Department of State's records. | |
| | | |
| ecord specifies : is filed. | a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t | he |
| | | |
| nted | September 4, 2024 | |
| | | |
| | 71-6-5 | |
| - ~ | Signature of a member of authorized representative of a member | |
| | Gaël Beriro | |
| | Typed or printed name of signee | |