120000193429

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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co						
	EAN LLC					
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	oondence concerning this matter	to the following:				
	JEFFREY B GELMAN					
		Name of Person		_		
		Firm/Company		_		
	9508 WINDY RIDGE RO	DAD — — —		SEC	2021	
		Address		RET	N R	¢t
	WINDERMERE FL 3478	6		ARY HAY	5	3
	CHRISTINE@GELCORP.			OF STA	2021 MAR -5 AH 11: 27	
For further information	concerning this matter, please c	to be used for future annual report nall:	ouncation)	L H	27	
JEFFREY GELMAN		561 723-4545				
Name	of Person	at () Area Code Dayt	ime Telephone Numbe	:r		
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Stat	;	
Mailing Addre Registration		Street Address: Registration S	Section			
Division of (Corporations	Division of C	orporations			
P.O. Box 63	27	The Centre of	Lallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1746 OCEAN LLC

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

SECRETARY OF STATE assigned

Zip Code

The Articles of Organization for this Limited Liability Company	were filed on JULY 7 2020	and assigned
Florida document number L20000193429		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
TAS 1736 OCEAN LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:	9508 WINDY RIDGE ROAD	<u>'</u>
(Principal office address MUST BE A STREET ADDRESS)	WINDERMERE FL 34786 US	
Enter new mailing address, if applicable:	9508 WINDY RIDGE ROAD	
(Mailing address MAY BE A POST OFFICE BOX)	WINDERMERE FL 34786 US	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of	the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Clarida	

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.

Cip

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
			□Add
			□Remove
			□Change
			🗆 Add
			□ Remove
			□Change
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			□Remove
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ective date, if other than the	date of filing:		(optional)	
effective date is listed, the date muster: If the date inserted in this bloom	be specific and cannot be prior	to date of filing or more than	1 90 days after filing.) Purst	ant to 605,020
cument's effective date on the De		iole statutory fining requi	tements, this date with th	or be fisted a.
cord specifies a delayed effective	date, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
s filed.				
	2021			
MARCH I				
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ed MARCH 1	M			
	Signature of a member or author	rized representative of a me	inber	

Filing Fee: \$25.00