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## COVER LETTER

## TO: **Registration Section Division of Corporations**

Oseans365 Builders LLC

SUBJECT:

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:

Tula Bikos

Name of Person Oseans365 Builders LLC Firm/Company 2655 N Ocean Drive, Suite 400 Address Singer Island, FL 33404 City/State and Zip Code tula@republicrete.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 561 31 at (\_\_\_\_\_) \_\_\_ Aiea Code 336-9580 Davtime Telephone Number Name of Person Enclosed is a check for the following amount:

■ \$25,00 Filing Fee

Tula Bikos

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 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

AR		AMENDMENT		
ART	ICLES OF (	O DRGANIZATION DF	, ·	
		2u231	Hàr 31	AH 11: 2'
Oseans365 Builders LLC ( <u>Name of the Limi</u>	ted Liability Comp	inv as it now appears on our records.)		
	(A Florida Limited	Liability Company)		· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited L	iability Company	were filed on	and	t assigned
Florida document number <u>1.20000313920</u>	·			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
	_		_C	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviatio	n "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2655 N Ocean Drive Suite 400		
		Singer Island, FL 33404		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2655 N Ocean Drive, Suite 400		
		Singer Island, FL 33404		
B. If amending the registered agent and/or a agent and/or the new registered office addre		address on our records, <u>enter the na</u>	<u>me of the</u>	new register
Name of New Registered Agent:	N/A		<u></u>	
New Registered Office Address:	2655 N Ocean	Drive Suite 400		
		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.

City

Singer Island

\_\_\_\_, Florida <u>33404</u> Zip Code If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added</u> or removed from our records:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			🗆 Remove
		,	□Change
			🗆 Add
			ERemove
			🗆 Add
			Remove
			[]Change
			🗋 Add
			🖾 Remove
			🗆 Change
	·		🗆 Add
			[]Remove
			□ Change
			□Add
			[]Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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<u> </u>	······
tive date, if other than the date of filing: $\frac{1.1.2023}{1.1.2023}$ Therefore date is listed, the date must be specific and cannot be prior to date of 1.1.12023 for the date inserted in this block does not meet the applicable state	(optional)

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 Ma	irch 22	2023	
		Signature of a member or authorized representative of a member	
	Sean Couch	Lean Couch	
		Typed or printed name of signee	

Filing Fee: \$25.00