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Fax Number : (904)339-9504

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From: ADVOS legal plic

COVER LETTER

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	gistration Se vision of Cor				
eun mzen		Street, LLC			
SUBJECT: Name of Limited Liability Company					
The enclose	d Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please retur	m all correspo	indence concerning this matter	to the following:		
		Kristen Hansen			
			Name of Person		
		ADVOS legal pllc			
Firm Company					
5000 Sawgrass Village Circle, Suite 7					
Address					
	Ponte Vedra Beach, FL 32082				
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
		support@advoslegal.com			
		E-mail address: (to be used for future annual report noti	fication)	
For further	information c	oncerning this matter, please c	all:		
Kristen Ha	nsen		904 567-5311 at ()		
-	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is	a check for th	ne following amount:			
■ \$25.00	Fiting Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address:		<u>Street Address:</u> Registration Se	ction		
Registration Section Division of Corporations		~	Division of Corporations		
Ρ.	O. Box 632	.7	The Centre of T	The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

To: 18506176383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

From; ADVOS legal plic

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<u>veords.</u>)

38 Cordova Street, 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 10/5/2020	and assigned	
Florida document number L20000315459		• •	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Ocean Sweet, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	97 Auburndale Drive		
(Principal office address MUST BE A STREET ADDRESS)	ESS) Ponte Vedra, FL 32081		
Enter new mailing address, if applicable:	97 Auburndale Drive		
(Mailing address MAY BE A POST OFFICE BOX)	Ponte Vedra, FL 32081		
Name of New Registered Agent: New Registered Office Address:	Enter Florida stree	t p. hloves	
	Pura, 1. m. ma 2014a, (kum22		
	City	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	•	-, .	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacit performance of my dut provided for in Chapter	ies, and I am familiar with and - 605, F.S. Or, if this document is	
If Cha	noing Registered Agent, Sign	nature of New Registered Agent	

To: 18506176383

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H21000096309 3)))

MGR = M $AMBR = M$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Fr □ Change
			Change
			- St. 197
			
			Change
			□Add
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the record specifies a delayed effectord is filed	tive date, but not an e	iffective time, at 12	(I) a m on the earlier o	f (b) The 90th day after the
March 9	20	021		
Dated March 9				

Typed or printed name of signee