## 420000334745

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
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## COVER LETTER

TO:	Registration So Division of Cor			
(17.18.84)		AINTING LLC		
SUBJEC	CT:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are submondence concerning this matter		
		SANCHEZ, JOSE I		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		OCEAN PAINTING LLC		
			Firm/Company	<del></del>
		4905 PEEPLES RD		
			Address	<u> </u>
		PLANT CITY, FL 33565		
			City/State and Zip Code	
		OCEANPAINT2020@GMz	AIL.COM to be used for future annual repor	( notification)
For furth	ner information o	concerning this matter, please co		
SANCH	IEZ, JOSE I		813 708-329	3
	Name o	of Person	at () Area Code Da	aytime Telephone Number
Enclosed	d is a check for t	he following amount:		
<b>■</b> \$25	.00 Filing 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 Addre Registration Division of C P.O. Box 632	Section Corporations		

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCEAN PAINTING LLC		2621	100	
(Name of the Limit	ed Liability Compa (A Florida Limited)	i <mark>ny as it now appear⊀on</mark> Liability Company)	Jun 12-30 rd (1) 7: 26	
The Articles of Organization for this Limited L Florida document number L20000334745	iability Company			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:	4905 PEEPLES RD		
(Principal office address MUST BE A STREET ADDRESS		PLANT CITY, FL 33565		
Enter new mailing address, if applicable:		4905 PEEPLES RD		
(Mailing address MAY BE A POST OFFICE BOX)		PLANT CITY, FL 33565		
B. If amending the registered agent and/or r agent and/or the new registered office addres		address on our recor	ds, enter the name of the new register	
Name of New Registered Agent:	SANCHEZ, JO	SE I		
New Registered Office Address:	4905 PEEPLES	SRD		
		Enter Florida s	treet address	
	PLANT CITY		Florida 33565	
		City	Zip Code	

## 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.

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

MGR = 1 $AMBR = 1$	Manager Authorized Member		
<u>Title</u>	Name	Address 2021 JAN 28 AM 7: 26	Type of Action
MGR	JOSE IVAN SANCHEZ CRUZ	4905 PEEPLES RD	<b>=</b> Add
		PLANT CITY, FL 33565	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ramending any other information	on, enter change(s) here: (Attach additional sheets, if necessary.)	
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an effective date is listed, the date must b	late of filing:	1207 ( Las t
record specifies a delayed effective of is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
pated JANUARY 30		
<del></del>	signature of a member or authorized representative of a member	
SANCHEZ, JOSE I	Section 2 of a manufacture and annihilation and a section 2.	
	Typed or printed name of signec	