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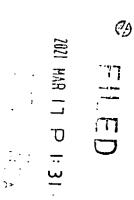
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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
OCEAN S	PIRITS		
SUBJECT:	Name of Lim	ited 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:	
	ANGELA VERGARA		
		Name of Person	
	OCEAN SPIRITS		
		Firm/Company	
	902 NE 40TH STREET #2		
		Address	
	OAKLAND PARK, FL. 33	3334	
		City/State and Zip Code	
	angie.vt.7@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	ıll:	
ANGELA VERGARA		305 857-8697 at ()	
Name o	of Person	Area Code Daytime	
Enclosed is a check for t	he following amount:		S60,00 Filing Fee
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee: Certificate of Status & Certified Copy (additional copy in aclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Sec Division of Con The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee 2 Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCEAN SPIRITS, 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 $\frac{\text{JANUARY}}{\text{22, 2021}}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANGELA VERGARA	902 NE 40TH STREET #2	■Add
		OAKLAND PARK, FL. 33334	□Remove
			□Change
			□Add
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fective date, if other thar in effective date is listed, the dat	e must be specific	and cannot be prio	r to date of tiling o	r more than 90 days	after filing.) Purs	uant to 605.020
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	Signature of	f a member or auth	iorized renresental	ive of a member		

Filing Fee: \$25.00