L21000053211

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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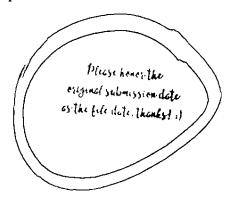
FLORIDA DEPARTMENT OF STATE Division of Corporations

February 19, 2021

INCORPORATING SERVICE, LTD. WALK - IN

SUBJECT: 1400 S. OCEAN BLVD LLC

Ref. Number: L21000053211



This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 521A00003743

Please honor the eriginal submission date as the file-date, thanks!:)

Incorporating Services, Ltd.

A STREET STREET

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com



ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

FROM Melissa Moreau

850.656.7953

710 TO 10 TO

850-245-6051

REQUEST DATE 2/17/2021

PRIORITY Routine

OUR REF # (Order ID#) 893267

ORDER ENTITY___ 1400 S. OCEAN BLVD LLC

PLEASE PERFORM THE FOLLOWING SERVICES: 1400 S. OCEAN BLVD LLC (FL)	
File the attached amendment and provide a certified copy.	
NOTES: \$55.00 Authorized	
RETURN/FORWARDING INSTRUCTIONS:	

Please bill the above referenced account for this order.

ACCOUNT NUMBER: I20050000052

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1400	S. Ocean Blvd LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	·
The Articles of Organization for this Limited Liability Corollary document number <u>L21000053211</u>	ompany were filed on February 10, 2021	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
1400 S. Ocean Boulevard N405 LLC		
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	PFSS)	
	· · · · · · · · · · · · · · · · · · ·	-
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		:
		. 3
3. If amending the registered agent and/or registered	l office address on our records, <u>enter the n</u>	ame of the new regist
gent and/or the new registered office address here:		
		一点に
Name of New Registered Agent:		$\frac{1000}{100}$ ω
		一品。
New Registered Office Address:	Enter Florida street address	·
	timer transaa mreet aatrem	
	, Florida	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Steven M. Blicht	300 SE 5th Ave., Unit 6170, Boca Raton, FL 33432	= Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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			□Remove
			∏Change

D. If amending any other information	ion, enter enange(s) ne	ic. Amaca dadamada sac	ers, y neocasta y.y	
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2. Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	t be specific and cannot be pri- ock does not meet the appl	icable statutory filing require		
the record specifies a delayed effective cord is filed.	e date, but not an effective	time, at 12:01 a.m. on the ea	arlier of: (b) The 90th day aff	ter the
Dated February 16	. 2021	·		
/s/ Mary Cunningh	nam			
	Signature of a member or aut	horized representative of a men	iber	
Mary Cunningham				
	Typed or prii	nted name of signee		

· · · · · ·

Filing Fee: \$25.00