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COVER LETTER

TO:

Registration Section

Division of Corporations OPEN OCEAN EXPERIENCE, 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: ANDREW J. HIGH Name of Person LUXURY LAW GROUP Firm/Company 625 POINCIANA DRIVE Address FORT LAUDERDALE, FL 33301 City/State and Zip Code AHIGH@LUXURYLAWGROUP.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 745-0799 CHERELL MURPHY-JONES Daytime Telephone Number Name of Person Enclosed is a check for the following amount: (%) ☐ \$30.00 Filing Fee & □ \$60,00 Filing Fee, ■ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & Certificate of States & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enthosed) =Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPEN OCEAN EXPERIENCE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Fiorida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on MARCH 5, 2021 and assigned
Florida document number 1.21000107897	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
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 a agent and/or the new registered office address here: Name of New Registered Agent:	iddress on our records, enter the name of the new registered
New Registered Office Address:	
	Enter Florida street address
	Florida ZipCode
New Registered Agent's Signature, if changing Registered Agent:	City Florida Zin Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree $t\overline{D}$ comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
991	
If Chan	nging Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
MGR	JESSE FIELDING	1314 EAST LAS OLAS BOULEVARD, #8	= Add
		FORT LAUDERDALE, FL 33301	□Remove
			□Change
MGR	MASON SHEEN	1314 EAST LAS OLAS BOULEVARD, #8	= Add
		FORT LAUDERDALE, FL 33301	□Remove
			□Change
AMBR	MASON SHEEN	1314 EAST LAS OLAS BOULEVARD, #8	□Add
		FORT LAUDERDALE, FL 33301	Remove
			□Change
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• •	Signature of a member or authorized repres	entative of a member	

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