

6/21/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

L21000148805

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000243233 3)))



H21000243233ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

FILED  
2021 JUN 21 PM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
1301 NORTH OCEAN LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED

2021 JUN 21 PM 4:12

Electronic Filing Menu

Corporate Filing Menu

Help

BB  
6/22/21

**COVER LETTER**

H21000243233 3

**TO: Registration Section  
Division of Corporations****SUBJECT:** 1301 NORTH OCEAN LLC  
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:

EDUARDO M. SOTO, ESQ.

Name of Person

WEISS SEROTA HELFMAN COLE &amp; BIERMAN P.L.

Firm/Company

2525 PONCE DE LEON BLVD., SUITE 700

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

sentmyrent@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDUARDO M. SOTO, ESQ.

305 854-0800  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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 Address:**Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**Street Address:**Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303FILED  
2021 JUN 21 PM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H21000243233 3

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

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

**If Changing Registered Agent, Signature of New Registered Agent**

H21000243233 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Andrew B. Taubman	6278 N Federal Highway #206	<input type="checkbox"/> Add
		Fort Lauderdale, Florida 33308	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Tobi Taubman	6278 N Federal Highway #206	<input type="checkbox"/> Add
		Fort Lauderdale, Florida 33308	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H21000243233 3

H21000243233 3

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

DEED

2021 JUN 21 PM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (Optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 21, 2021

Signature of a member or authorized representative of a member

Eduardo M. Soto, Esq.

Typed or printed name of signee