L21000246058

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COVER LETTER

TO: Registration Division of C				
SUBJECT: <u>OC</u> E	Pan BLUE Kays	TK - PADICE BOX nited Liability Company	ERD RENTALS LLC	7
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	10	Name of Person		
	Ocean E	Sloo Karak #	Paddleboard Renta	/<
	2502	O Divot Ar		
	Benita tadek	City/state and Zip Code Lobas and Zip Code to be used for future amount report noti	-L 34/35	
For further information	concerning this matter, please c	V	icution)	
Tark/ Name	of Person	at (<u>ZOL)</u> Log Area Code Daytimo	70-1376 Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Asim

Ocean Blue Kaya	x Company as it now appears on our records.)
(A Florida	Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on May 26, 2021 and assigned
Florida document number <u>L2100024605</u>	<u>5</u> 8
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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 Changing 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

Title Name Address 32. 27 Pri 5: 41 Type of Action MGR Tock Kubas Bonita Springs, FL 34/35 MGR Stacey Kubas Remove _____ □ Remove _____ □Change

	#4181, 27 PH 5:41
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ive date, if other than the date of filing:	(optional)
ective 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 applicable statutory filing requirements, this date will not be I
ent's effective date on the Department of State's re	ecords.
d manifes a deleved official data has been as	
d specifies a delayed effective date, but not an effective date.	etive time, at 12:01 a.m. on the earlier of: (b) The 90th day as
1 + 0211	. • /
Sept 25th de	<u>521</u>
	H- // /