

L21 000 247 971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

S.C.
09/29



200373462002

09/20/21--01015--017 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
21 SEP 20 AM 1:07

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OCEANS ARCADE 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:

KIRITKUMAR PATEL
Name of Person

OCEANS ARCADE LLC
Firm/Company

9045 LA FONTANA BLVD #118
Address

BOCA FLORIDA 33434
City/State and Zip Code

DAYTRADER2531@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIRITKUMAR PATEL at (229) 894 1291
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)

21 SEP 20 11:07
SEARCHED
SERIALIZED
INDEXED
FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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**

OCEANS ARCADE 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 05/26/2021 and assigned Florida document number 000367170070

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 "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

9045 LA FONTANA BLVD
SUITE 118
BOCA FL. 33434

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

DAYTRADER2531@GMAIL
COM

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:

KIRITKUMAR PATEL

New Registered Office Address:

9045 LA FONTANA BLVD #118
Enter Florida street address
BOCA, Florida 33434
City Zip Code

FILED
21 SEP 20 11 18 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

KRP
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	Type of Action
	HANH NGUYEN	1285 HARNIS WAY	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	HANH NGUYEN	1285 HARNIS WAY	<input type="checkbox"/> Add
		PORT ORANGE FL 32129	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KIRITKUMAR PATEL	9045 LA FONTANA BLVD	<input checked="" type="checkbox"/> Add
		# 118	<input type="checkbox"/> Remove
		BOCA FL 33434	<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

FILED
 STATE ARCHIVE OF FLORIDA
 21 SEP 2020
 AH 107

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

Multiple horizontal lines for amending information.

FILED
SECRETARY OF STATE
DIVISION OF PROFESSIONALS
21 SEP 20 AM 1:00

E. 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 September, 8th, 2021

KRPatel
Signature of a member or authorized representative of a member

KIRITKUMAR PATEL
Typed or printed name of signee