## 121000265918

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

Registration Section

TO:

Div	ision of Cor	porations		
CUDICAT.	87 Ocean I	.L.C		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	f Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Kelsey Polasek		
			Name of Person	
		ZenBusiness INC		
			Firm/Company	
		5511 Parkcrest Drive STE	207	
Name of Person				
		Austin, Texas, 78731		
		C. ICH.	•	
				artificantisms
For further ir	iformation c			omeanony
Kelsey Polas	sek c/o ZenF	Business INC		
	Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	filing Fee	_	Certified Copy	Certificate of Status &
				Oction
	<del>-</del> "		<u>*</u>	
		-	· · · · · · · · · · · · · · · · · · ·	
Tal	lahassee, I	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

87 Ocean LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 1.21000265918	and assigned
lorida document number 6/8/2021		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	534 Ridge Lake Rd.	
Principal office address MUST BE A STREET ADDRESS)	Crestview, FL 32536	
		. 22
nter new mailing address, if applicable:	1325 Commerce Dr. 91	23
Aailing address MAY BE A POST OFFICE BOX)	Crestview, FL 32536	S 0 2 11
		[] S 9
		THE STATE OF
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registere
ent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del></del>	Flo	
	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
AMBR	William Card	1325 Commerce Dr 91	
		Crestview, FL 32539	□Remove
			<b>■</b> Change
AMBR Jennifer Card	Jennifer Card	1325 Commerce Dr 91	
	Crestview , FL 32539	□Remove	
		<del></del>	□Add
			□Remove
			□Change
		_	□Add
			□Remove
			☐ Change
			□Add
		□Remove	
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			□Remove
			□Change

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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	ock does not meet the applical	odate of filing or more than Sole statutory filing require	(optional) 00 days after filing.) Pursuant to 605.0 ements, this date will not be listed	)207 ( J as t
record specifies a delayed effective is filed.	date, but not an effective tin	ie, at 12:01 a.m. on the ea	rlier of: (b) The 90th day after t	the
is med.				
		_·		
ated August 17 /s/ William Card		<u>.</u> .		
ated August 17 /s/ William Card	Signature of a member or author	ized representative of a mem	iber	