K21000 296387

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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U7/16/21--U1014--U06 **60.00

21 JUL 16 PH 12: 16

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: True 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:



For further information concerning this matter, please call:

Enclosed is a check for the following amount:



S30.00 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)

<u>Mailing Address:</u> 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	
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AKTICLES OF 0	RGANIZATION
_	21 JUL 16 PH 12: 16
<u>(Name of the Limited Liability Compa</u> (A Florida Limited T	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number <u>L21000294387</u> .	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	<u>lity company here</u> :
The new name must be distinguishable and contain the words "Limited Liabili	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 <u>agent and/or the new registered office address here</u> :	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

City



If Changing Registered Agent, Signature of New Registered Agent

Florida _

Zip Code

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 = Ma	anager uthorized Member		
Title	Name	Address 21 JUL 16 PH 12: 16	Type of Action
AP	Pichard A. Houston	2261 Shadow Daris Rd.	🗆 Add
		Sarasota, FL 34240	Remove
			🗋 Change
AP	Lauren E. Houston	2261 Shadow Darts Rd.	🗆 Add
		Sarasota, FL 34240	
			🗋 Change
AMBR	Richard A. Houston	2261 Shadow Daris Rd.	CAdd
		Samasiler, FL 3424D	Remove
			□Change
AMBR	Lauren E. Houston	2261 Shadow Dars Rd.	LAdd
		Sarasota, FL 34240	DRemove
\sim			□Change
			🗆 Add
			🗆 Remove
		<	□Change
			🗆 Add
			🗆 Remove
			🗆 Change

.

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

called the registration spanition PH B:+16 850-245-6051 who informed me to make the about convertions. A Houstony and my wite, Lancen E Richard Founders and owners 7-He Houston, are Irm LLL and sole vights Olean. have th decisions and)egg1 all changes to mate Ocean, LLC. when Crea and for True initially we mistakenly licked ourselves rather than "AMBR". J Was informe DURGINAS and Diviselves CIS aa remove 4MB8 this 95 above. (orrect method mating the_ please call me at 916-289-7015 emai \mathcal{O} true plean le Qgmail. com for Fur ctions I han t You. Houston

(optional) E. Effective date, if other than the date of filing: _____ (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 July 13, 2021 Signature of a member or authorized representative of a member

yped or printed name of signce