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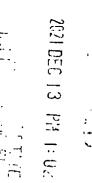
(Requestor's Name)
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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Div	ision of Cor	porations			
CUDIFOT.		arine Services			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ondence concerning this matter			
		Mario Oliva			
			Name of Person		
		Oceano Marine Services			
			Firm/Company		
		2839 SW 13th CT			
			Address		
		Fort Lauderdale, FL 33312	:		
		-	City/State and Zip Code	<del></del>	
		Oceanomarineservices@gm			
	_		to be used for future annual report no	otification)	
For further in	nformation c	oncerning this matter, please ca	all:		
Mario Oliva			305 498-4183		
	Name o	f Person	Area Code Days	ime Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres		Street Address:	ection	
		orporations	<del>-</del>	Registration Section Division of Corporations	
	). Box 632			The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Oceano Marine Services LLC

(Name of the Limited Liability Company as it now appears on our records.) 13 File 10.

The Articles of Organization for this Limited Liability C	Company were filed on 08-02-2021	STATE and assigned
Florida document number L21000346446	<del></del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
R. If amonding the registered egent and/or registered	d office adduses on our records outsouth	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	u office address on our records, enter the	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
The Megistered Office Fiducias.	Enter Florida street address	
	, Floric	da
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mario Oliva Vargas	2839 SW 13th CT	<b>≘</b> Add
		Fort Lauderdale, FL 33312	□n
			□Change
		<del></del>	□Add
			□Remove
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<del></del>			□ Add
			□ Remove
			□ Chango

Effective date, if other than the date of filing:  12-06-2021  (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 (:  Note: If the date inserred in this block does not need the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  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 ord is filed.  Dated  Signature of a member or authorized representative of a member  Mario Oliva		
Effective date, if other than the date of filing:		
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Signature of a member or authorized representative of a member	Dated	
Signature of a member or authorized representative of a member		mpol
Maria Oliva		Signature of a member or authorized representative of a member
		Music Olive