L21000400879

(1	Requestor's Name)	
	Address)	
,		
(/	Address)	
(0	City/State/Zip/Phone #)	-
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
(6	Business Entity Name)	
(0	Document Number)	
Certified Copies	Certificates of	Status
		 _
Special Instructions t	o Filing Officer:	
<u> </u>		





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07/19/23--01010--001 **25.00



10:17: 117: 61 JOF 8202



ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

2020 OCEANS	HORE Boule	evered ?[[2]	LEL 15 1/h	7: 65
(Name of the Limited (A	Liability Company as it no Florida Limited Liability C	ompany)	r records.)	
The Articles of Organization for this Limited Liabi		ed on <u>09</u>	109/z)	and assigned
This amendment is submitted to amend the following				
A. If amending name, enter the new name of th	e limited liability com	pany here:		
The new name must be distinguishable and contain the word	s "Limited Liability Compa	ny," the designation	on "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicabl	e: <u>5</u>	CEPHEN	CUSIIMZ	no
(Principal office address MUST BE A STREET A	ADDRESS) Z	62 TAWN	PA AUE	w unit 6-Z
	<u> </u>	erice, c	FL 3428	5
Enter new mailing address, if applicable:	5	TEPHEN	CUSIMO	200
(Mailing address MAY BE A POST OFFICE BO	$x_0 = \overline{z}$	62 Tzn	MA DUE	<u>w. unit 6-</u> z
		enice, i	FL 342	85
B. If amending the registered agent and/or registered office address h		on our records,	, enter the nam	e of the new registered
Name of New Registered Agent:	SCEPH	En Cu	simano	
New Registered Office Address:	262 To	Enter Florida stree	TO W.	unit 6-2
				_
-	VERICE		, Florida	34285 Zip Code
New Registered Agent's Signature, if changing Regi	•			-

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.

Changing Registered Agent, Signature of New Registered Agent

COVER LETTER

TO:	Registration Se Division of Con			
SHRJI	ст. 20°	20 OCEANSILO	RE Barlevend LLC	
BODA	sc1		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Cusina	Name of Person	<u></u>
			Name of Person	
			Firm/Company	
		262 TAM	PA AVE W Unit	6-2
		venice, 1	City/State and Zip Code	
		E-mail address: (Anocunst@comca to be used for future annual report noti	カナ、似eT fication)
For fur	ther information c	oncerning this matter, please ca	ail:	
<u>Cu</u>	<u>simpeno,</u> Nameo	stephen	at (305) 797- Area Code Daytim	5029
	Name	reson	Area Code Daytim	e i elephone Number
Enclose	ed is a check for th	ne following amount:		
芝\$2 :	5.00 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)
	Mailing Addres Registration S		Street Address:	ntion.
	Division of C		Registration Sec Division of Cor	
	P.O. Box 632	7	The Centre of T	allahassee
	Tallahassee, I	L 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

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	<u>Name</u>	Address	Type of Action
MGR	Stephen Cusimeno	262 Tamps ANF W.	u+6-2 □Add
		Venice, FL 34285	□Remove
			&Change
			□ Add
			Remove
		 	□Add
		-	□Remove
			Change
			□Add
			🗆 Remove
			□Change
			🗆 Remove
			Change
			□ Add
			□ Remove
			□Change

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	e date, if other than the date of filing:(optional)
	tive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	it's effective date on the Department of State's records.
ne record s ord is filed	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
71 d 13 111 0 0	•
Dated	7-6-25
	7-6-25
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00