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COVER LETTER

Div	ision of Corp	orations					
· SUBJECT:	2951 SE Dominica Holding, LLC						
JODJECT.		Name of Limi	ted Liability Company				
The enclosed	l Articles of A	amendment and fee(s) are subr	nitted for filing.				
Please return	all correspon	dence concerning this matter t	to the following:				
		Dafne Crutchley					
			Name of Person				
		Ocean Breeze AC					
			Firm/Company	-	· 		
		2979 SE Monroe Street					
			Address				
		Stuart, FL 34997					
			City/State and Zip Code				
		controller@oceanbreezeac.c	om o be used for future annual r	anast natification)			
For further in	iformation co	ncerning this matter, please ca		eport notification)			
Dafne Crute		meeting in maker, preuse en	7 72 220	1-0038			
	Name of	Person	at () Area Code	Daytime Telepho	one Number		
Enclosed is a	check for the	e following amount:					
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encli		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

TO:

Registration Section

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

2951 SE Dominica Holding, LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our re- Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Company Florida document number 87-2831722		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Ocean Breeze AC, LLC			
The new name must be distinguishable and contain the words "Limited Linbi	lity Company," the designation "	'LLC' or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2979 SE Monroe Street		
(Principal office address MUST BE A STREET ADDRESS)	Stuart, FL 34997	2007	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, en	nter the name of the new registere	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street a	ddress	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my dutic provided for in Chapter 6	s, and I am familiar with and 505, F.S. Or, if this document is	

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
			
			□Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			□Change
		·	□Remove
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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 blooment's effective date on the December 1.	ock does not n	neet the applic	able statutory fi	r more than 90 c ling requirem	(optional days after filin ents, this dat	l) g.) Pursuant to 66 e will not be li	05.0207 sted as
record specifies a delayed effective is filed.	: date, but not	an effective ti	me, at 12:01 a.i	n. on the earli	ier of: (b) 1	he 90th day af	ter the
ated		2024	·				
	/ _	~					
	- 1			····			
	Signature 60 a	member of author	orized represental	ive of a membe	er		

Filing Fee: \$25.00