Division of Corporations Electronic Filing Cover Sheet

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(((H21000391473 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Email Address:

Account Name : RUBIO INTERNATIONAL LAW PLLC

Account Number : 120210000094

Phone : (305) 632-3022

Fax Number : (123)456-789

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OCEAN FRONT I, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

OCT 22 7021

A. LUNT

COVER LETTER

To:

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| TO: Registration Se Division of Cor | | | |
|--|--|--|--|
| | RONT I, LLC | | |
| SUBJECT: | Name of Limi | ted Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are subt | nitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | MARIA DEL PILAR RUB | IO, ESQ. | |
| | | Name of Person | |
| | RUBIO INTERNATIONA | L LAW, PLLC | |
| | | Firm/Company | |
| | 2030 S. DOUGLAS ROAD | O, SUITE 214 | |
| | | Address | |
| | CORAL GABLES, FL 331 | 34 | |
| | | City/State and Zip Code | |
| | pilar@rubio-law.com | | |
| | | o be used for future annual report notif | ication) |
| For further information c | oncerning this matter, please ca | ill: | |
| PATRICIA MENENDE | Z | 305 204-9186 | |
| Name o | f Person | at () | Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Mailing Addres</u> Registration | | <u>Street Address:</u> Registration Sec | ction |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

To:

H21000391473 3

| OCEAN FRONT I, LLC | | SI SIVIL |
|--|--|----------------------------|
| (Name of the Limited Liability Company (A Florida Limited Lia | ns it now appears on our records.) shifty Company) | 100 |
| The Articles of Organization for this Limited Liability Company w Florida document number <u>L21000441931</u> | ere filed on October 11th, 2021 | SECRETARY OF STATE AND: 17 |
| This amendment is submitted to amend the following: | | 16:17 |
| A. If amending name, enter the new name of the limited liabili | ty company here: | |
| OCEAN FRONT 1, LLC | | |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the designation "LLC" or the abb | reviation "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 adagent and/or the new registered office address here: | ldress on our records, enter the name | of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | Zip Code |
| | City | Zıp Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as proper and complete paccept the obligations of my position as registered agent as proper and complete paccept the obligations of my position as registered agent as proper and complete paccept the obligations of my position as registered agent and agree provision agent agen | performance of my du ties, and I am fa | miliar 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.

Fax: (859) 617-6383

Page: 5 of 6

10/21/2021 10:16 AM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

To:

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

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| Title | <u>Name</u> | <u>Address</u> | Type of Action |
|-------|-------------|----------------|----------------|
| | | | □Add |
| | | □Remove | |
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| If amending any other information, enter change(s) here: (Attach additional sheets, if | necessui y.j |
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| | |
| Effective date, if other than the date of filing: OCTOBER 11, 2021 (of an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records. | optional) after filing.) Pursuant to 605.02 i, this date will not be listed |
| e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ord is filed. | of: (b) The 90th day after th |
| Dated OCTOBER 11 | |
| Signature of a member or authorized representative of a member | |
| · · | |

Filing Fee: \$25.00