Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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S. PRATHER

Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

\$25.00

## **COVER LETTER**

	egistration Sec livision of Corp				
CIO IDATE	OCEN INV	ESTMENT GROUP LLC			
SORTECT	SUBJECT:  Name of Limited Liability Company				
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please retu	ırn all correspor	dence concerning this matter	to the following:		
			LUIS E VELASQUEZ		
			Name of Person		
			REGISTERED AGENT		
			Firm/Company		
			12165 MONROE STREET		
			Address	<del></del>	
		W	FELLINGTON FL 33414		
			City/State and Zip Code	,	
			.a.businessolutions@gmail.com		
			to be used for future annual report no	tification)	
For furthe	r information co	oncerning this matter, please co			
LUIS E V	ELASQUEZ		954 865-6607 at ()		
	Name of	Person	Area Code Daytii	me Telephone Number	
Enclosed i	is a check for th	e following amount:			
<b>≡</b> \$25.0	0 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)	
ī 1 1	Mailing Addres Registration S Division of C P.O. Box 632 Fallahassee, I	Section orporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee roe Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 OCT 18 PM 1: 48
SECRETARY OF STATES
TALLAHASSEE. FLORIUS

OCEN INVESTMENT GROUP LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 18, 2021 Florida document number <u>L21000451559</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: OCEAN INVESTMENT GROUP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_

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 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
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Note:	ive date, if other than the date of filing:  [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fill the date inserted in this block does not meet the applicable statutory filing requirements, this cent's effective date on the Department of State's records.	nal) iling.) Pursuant to 60 date will not be lis	95,0207 ( sted as th	3)(b) 1e
If the recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) led.	The 90th ALL LANGETA.	81 130氧202	-71
Dated	OCTOBER 18 2021	RY OF S SEE, FLO	P	ILEO
	Signature of a member or authorized representative of a member	TA E ORIDA	1:40	
	LUIS E VELASQUEZ- REGISTERED AGENT	-	_	
	Typed or printed name of signee			

Filing Fee: \$25.00