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2021 NOV TO AM II: 52

COVER LETTER

	gistration Sec vision of Corp					
SUBJECT:	OCEAN PARK PLAZA, LLC					
SUBJECT:		Name of Lim	P.A. Firm/Company ERAL HIGHWAY, SUITE 130 Address ORIDA 33487 City/State and Zip Code ath.net Iress: (to be used for future annual report notification)			
The enclosed	d Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		LES H. STEVENS, ESQU	JIRE			
			Name of Person			
		LES H. STEVENS, P.A.				
			Firm/Company			
		5301 NORTH FEDERAL	HIGHWAY, SUITE 130			
			Address			
		BOCA RATON, FLORID	A 33487			
			City/State and Zip Code	. <u> </u>		
		michaelsaba@bellsouth.net				
			·	t notification)		
For further in	nformation co	ncerning this matter, please ea	all:			
LES H. STE	EVENS, ESQU	JIRE				
	Name of I	Person	at () Area Code D	aytime Telephone Number		
Enclosed is a	a check for the	following amount:				
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enclosed?	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCEAN PARK PLAZA, 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 NOVEMBER 4, 2021 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here; OCEAN PALM PLAZA, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 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

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.

New Registered Agent's Signature, if changing 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>_</u>			□ Add
			□Remove
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reflective date is listed, the date rete: If the date inserted in this	nust be specific and car block does not mee	mot be prior to dat t the applicable	te of filing or more statutory filing re	than 90 days after f	ling.) Pursuant to 605.0)207 (
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NOVEMBER 9	2	2021				
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	Signature of a rien	ibor or authorized	representative of a	member		

Filing Fee: \$25.00