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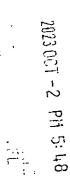
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COVER LETTER

FL OCEAN 2009, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ALBERT CAPONE Name of Person Firm/Company 3100 N. OCEAN BOULEVARD, APT. 2009 Address FT. LAUDERDALE, FL 33308-7193 City/State and Zip Code cabertcapone@yahoo.com F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RANDALL WEICHBRODT 631 664-1266	
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For further information concerning this matter, please call:	
RANDALL WEICHBRODT 631 664-1266	
at () Name of Person	
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of (additional copy is enclosed) Certified Copy	of Status &

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

FL OCEAN 2009, LLC			2023 OCT = 2	2 PH 5:48
(Name of the Limit	ed Liability Compa (A Florida Limited	iny as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited L Florida document number	iability Company	were filed on		_ and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designat	ion "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address if applie	abla	3100 N. OCEAN BOU	JLEVARD	
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		APT. 2009		
Trincipal office address MOST BE A STREE	1 ADDRESS	FT. LAUDERDALE, I	FL. 33308-7193	· · · · ·
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>		3100 N. OCEAN BOU APT. 2009	ЛEVARD	
		FT. LAUDERDALE, FL. 33308-7193		
3. If amending the registered agent and/or negent and/or the new registered office addre			s, <u>enter the name</u>	of the new regist
Name of New Registered Agent:				
New Registered Office Address:	3100 N. OCEA	N BOULEVARD, APT. 2		
	FT. LAUDERD	<i>Enter Florida str</i> OALE	eet address 33300	08-7193

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida 🖺

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 MGR	<u>Name</u> ALBERT CAPONE	Address 3100 N. OCEAN BOULEVARD	Type of Action
		АРТ. 2009	□Remove
		FT. LAUDERDALE, FL 33308-7193	Change
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