## L22000035778

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22 MAY -2 PM 3: 2"

T. MATTHEWS

JUN 2 3 2022

## **COVER LETTER**

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eunirer.	20 OCEAN	LLC		
SUBJECT: _		Name of Lin	nited Liability Company	<del> </del>
Th 1	A			
		Amendment and fee(s) are sub	-	
Please return a	all correspo	ondence concerning this matter	to the following:	
		LILY HERZOG		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		20 OCEAN LLC		
		<del>-</del>	Firm/Company	<del></del>
		360 GLENWOOD DRIVI	€	
		· · · · · · · · · · · · · · · · · · ·	Address	<del></del>
		DELRAY BEACH FL 33	445 .	
			City/State and Zip Code	
		HERZOG.LILY@GMAIL	COM	
		E-mail address: (	to be used for future annual report notif	fication)
For further infe	ormation co	oncerning this matter, please c	all:	
LILY HERZO	OG		631 338-1759	
	Name of	f Person	at ()  Area Code Daytime	e Telephone Number
Enclosed is a c	check for th	e following amount:		
■ \$25.00 Fit		_	Dess on rur r	□ #<0.00 mm ==
= \$25.00 Fil	ing ree	□ \$30.00 Filing Fee & Certificate of Status		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>ng Address</u> stration S		Street Address:	
		orporations	Registration Sec Division of Corp	
	Box 632		The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT: TO SECRETARY OF STATE ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS OF 22 MAY -2 PM 3: 27

20 OCEAN 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 \_\_\_ )anuary 19 2022 and assigned Florida document number \_\_\_\_1\_22000035778 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 , Florida Cirv 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ANDREW GORDON	223 NE 5TH AVENUE	<b>=</b> Add
		UNIT 102, DELRAY BEACH, FL 33483	□Remove
			□Change
		<del></del>	□Add
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fective date, if other than to the effective date is listed, the date reported in this force the date inserted in this cument's effective date on the	ust be specific ar block does not	nd cannot be prio meet the appli	r to date of filing	or more than 90 days aff	otional) fler filing.) Pursuant to 605.02 his date will not be listed
ecord specifies a delayed effec is filed.	tive date, but no	ot an effective i	time, at 12:01 a	.m. on the earlier of:	(b) The 90th day after th
ted APRIL 27		, 2022	·		
_XCI	Jumo	9			
		<del></del>		ative of a member	

Filing Fee: \$25.00