## h22000052175

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

LR Oceans	Holdings LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Francisco J. Revuelta		
	,	Name of Person	
	LR Oceans Holdings LLC		
		Firm/Company	<del></del>
	36 SE 4th Rd		
		Address	
	Homestead FL 33030		
		City/State and Zip Code	
	frev18@yahoo.com		
	E-mail address: (	to be used for future annual report noti	ification)
For further information c	oncerning this matter, please ca	all:	
Francisco J revuelta		305 879-6690	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	ne following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee, 1	Section 'orporations '7	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LR OCEANS HOLDINGS LLC

2022 APR 26 AH 8: 22

( <u>Name of the Limited Liar</u> (A Flor	oility Company as it now appears on our recording Limited Liability Company)	rds.)	į.:
The Articles of Organization for this Limited Liability Florida document number 1.22000052175		77 L.	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LL	.C" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here		r the name o	I the new registere
Name of New Registered Agent:		. <u> </u>	
New Registered Office Address:			
	Enter Florida street addr	C22	
		Florida	
	City	,	Zip Code

## 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, 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
AMBR	Francisco J Revuelta	34 SE 4th Rd Homestead FL 33030	<b>=</b> Add
			□ Remove
			Change
			Add
			Change
			□ Add
			□ Remove
			Change
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an effec <u>ote:</u> I	re date, if other than the date of filing:	
record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	ic
ated _	April 1st	
	gg/ature of a member or authorized representative of a member	

Typed or printed name of signee