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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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DIVISION OF CORPORATIONS

27 APR 18 AM 8: 55

T. MATTHEWS MAY 26 2022

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

123 OCEA SUBJECT:	N BAY DRIVE 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:	
	CATHERINE SKELHOR	٧	
		Name of Person	
	123 OCEAN BAY DRIVE	LLC	
		Firm/Company	
	2655 SE 5TH COURT		
		Address	
	POMPANO BEACH, FL	33062	
		City/State and Zip Code	
	KATIESKELHORN@BEL		
	E-mail address: (	to be used for future annual report not	ification)
For further information of	oncerning this matter, please ea	all:	
CATHERINE SKELHO		954 868-9231 at ()	ne Telephone Number
Name of Person		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)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

22 APR 18 AM 8: 55

123 OCEAN BAY DRIVE ELC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(IT I lotted Electricy Company)
The Articles of Organization for this Limited Liability Company were filed on 01/01/2022 and assigned
Florida document number L22000096785
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 "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
THE RESERVE OF A PARTY OF PARTY OF PARTY.
(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:
Nume of New Registered Agent.
New Registered Office Address:  Enter Florida street address
Enter Fibrial Street data ess
, 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
MGR	KEVIN SKELHORN	2655 SE 5TH CT	
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fan effective da <del>Vote:</del> If the d	e, if other than te is listed, the date ate inserted in thi fective date on th	must be specific ar s block does not	nd cannot be prio meet the appli	cable statutory	or more than 90 day	( <b>optional)</b> s after filing.) Pursuar s, this date will not	nt to 605.0207 be listed as
record specif I is filed.	ies a delayed effe	ctive date, but no	ot an effective	time, at 12:01 a	.m. on the earlier	of: (b) The 90th d	lay after the
	12TH		. 2022	·			
ated APRIL							
Dated APRIL	<u>Catta</u>	one Sie	llo	harized renewant	ative of a mamber		
Pated APRIL	Catta	CU-C (Signature of a	member or auth	horized represent	ative of a member		

Filing Fee: \$25.00