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SECRIL TANK OF CORPORATIONS
DIVISION OF CORPORATIONS
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T. MATTHEWS APR 18 2022

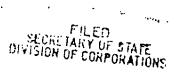
## **COVER LETTER**

то:				
			E FL SERVICES LLC	· ·
SUBJE	ECT:		ited Liability Company	<del></del>
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		N	MARCO A MATEO GASPAR	
	osed is a check for the following amount:  \$25.00 Filing Fee \$\sum \\$30.00 Filing Fee & \$\sum \\$55.00 Filing Fee & \$\sum \\$6  Certificate of Status \$\sum \\$6 (additional copy is enclosed) \$\sum C\$		Name of Person	
		OCEA	NSIDE FL SERVICES LLC	
		<u> </u>		
		OCEANSIDE FL SERVICES LLC  Name of Limited Liability Company  Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following:  MARCO A MATEO GASPAR  Name of Person  OCEANSIDE FL SERVICES LLC  Firm/Company  147 2nd STREET  Address  JUPITER, FL 33458  City/State and Zip Code  MARCOMATEO3@GMAIL.COM  E-mail address: (to be used for future annual report notification)  oncerning this matter, please call:  ISPAR  Area Code  Daytime Telephone Number  one following amount:  S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)		
			OCEANSIDE FL SERVICES LLC  Name of Limited Liability Company  diment and fee(s) are submitted for filing.  e concerning this matter to the following:  MARCO A MATEO GASPAR  Name of Person  OCEANSIDE FL SERVICES LLC  Firm/Company  147 2nd STREET  Address  JUPITER, FL 33458  City/State and Zip Code  MARCOMATEO3@GMAIL.COM  E-mail address: (to be used for future annual report notification)  ing this matter, please call:  at (	<del></del>
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			·	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
MARC	O A MATEO GA	SPAR		
	Name of	Person		e Telephone Number
Enclose	ed is a check for th	e following amount:		
<b>■</b> \$2:	5.00 Filing Fee		Certified Copy	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tollohogges El 22214

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 M. Mannaa Canaat Cuita 910

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 APR -1 AM 9: 15

<b>OCEANSIDE</b>	FL.	SERVI	CES	$\mathbf{L}\mathbf{L}$	$\mathcal{C}$
OCENIOLE		J L I \ 1	-		_

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Flotte	da Diffice Elability Company)
The Articles of Organization for this Limited Liability  Florida document number L22000114297	Company were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	mited 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 ADD	PRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
(Mutang dualess MAT BL AT OST OTT TCL BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new registers</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
<del></del>	City

### 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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□ Change

Effective date, if other than the date of filing:  MARCH 25, 2022  (optional)  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  The record 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 reliable of the date of the dat		CORRECTION OF NAME TO:	MARCO A. MATEO	GASPAR		
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Signature of a member or authorized representative of a member		\ \/\*\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	4			

Typed or printed name of signee