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SECRETARY OF STATE

COVER LETTER

Registration Section

TO:

Divi	ision of Cor	porations					
CUDIECT.	Ocean Blue Travel, LLC						
SUBJECT:		Name of Limi	ted Liability Company	<u>.</u>			
The enclosed	l Articles of	Amendment and fee(s) are sub-	nitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
		Sol Marinez					
			Name of Person				
		Ocean Blue Travel, LLC					
			Firm/Company	-			
		1675 Fluorshire Dr					
			Address	- Levice - Territoria			
		Brandon, Fl 33511					
			City/State and Zip Code				
		Sol.oceanbluetravel@gmail.	com o be used for future annual report n	orification)			
For further in	iformation c	oncerning this matter, please ca					
Sol Martinez	:		813 454-1492 at ()				
	Name o	f Person	Area Code Dayt	ime Telephone Number			
Enclosed is a	check for th	ne following amount:					
□ \$25.00 F	iling 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 Section		Street Address: Registration S	Section				
Division of Corporations			Division of Corporations				
), Box 632 lahassee, F		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Ocean Blue Travel, LLC.

MCMAY 10 AM 8:20

(Name of the Limited Liability Company as it now appears on our record)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 12, 2022 and assigned Florida document number L22000174610 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 "L.L.C" 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 ___

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 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>	Name	Address	Type of Action
MGR	Sol Martinez	1675 Fluorshire Dr	■Add
		Brandon, FL 33511	□Remove
			Change
AMBR	Carlitos Martinez	1675 Fluorshire Dr	≣Add
		Brandon, FL 33511	□Remove
			□Change
			□Add
			Remove
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			□Add
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			Add
			□Remove
			Change
			🗀 Add
			Remove
			[]Change

<u>ote:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records.					
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Signature of a member or authorized representative of a member	·	·	<u> </u>		
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