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SECRETARY OF STATE

2022 OCT 20 AMII: 36

COVER LETTER

TO: Registration Section

Division of Co	rporations	•		•	
SUBJECT:	Ceanic Name of Lie	Search Cur	Toup, La	<u> </u>	
	Amendment and fee(s) are su				
	Adrian Benitez				
		Name of Person	· · · · · · · · · · · · · · · · · · ·	_	
	Oceanic Research Group	LLC			
		Firm/Company		-	
	100 NW 170th St - Suite	202		_	
		Address		2022 OCT 20 SECRETARY	
	North Miami Beach, Fl 3.				**************************************
	ABENITEZ@DCEANIC	City/State and Zip Code RG.COM		20	į į
	E-mail address:	(to be used for future annual report noti	fication)	SSEE SEE SEE SEE SEE SEE SEE SEE SEE SE	Ę.
For further information of	concerning this matter, please	call:		MHII: 36	
ADRIAN BENITEZ		786 3704859			
Name o	of Person	Area Code Daytim	ne Telephone Numbe	г	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
Mailing Addre Registration Division of C P.O. Box 63. Tallahassec.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallabassoc, FI	rporations Fallahassee Se Street, Suite 8	310	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCEANIC RESEARCH GROUP 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 May 12, 2022 and assigned Florida document number 1.22000224637 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." 100 NW 170TH ST Enter new principal offices address, if applicable: SUITE 202 (Principal office address MUST BE A STREET ADDRESS) North Miami Beach, Fl 33169 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: 100 NW 170th St - Suite 202 New Registered Office Address: Enter Florida street address North Miami Beach

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 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>	<u>Address</u>	Type of Action
AMBR	ALFREDO GARCIA	100 NW 170th St	Add
		Suite 202	□Remove
		North Miami Beach, Fl 33169	□Change
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	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at	fter the
s filed.		
October 14 ted	2022	
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·	Signature of a member or anthorized representative of a member	
	Signature of a member of artiford of the member	

Filing Fee: \$25.00

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2023 JAN -5 AMII: 35 SECRETARY OF STATE TALL AHASSEE, FL

COVER LETTER

Division of Corporations			
SUBJECT: CKLB LLC			
	Name of Limited Liability Company		
The enclosed Articles of Amendment and for	ec(s) are submitted for filing.		
Please return all correspondence concerning	his matter to the following:		
Carlo	Cifarelli III Name of Person		
CKL	B LLC Firm/Company		
13333	B little Gem Circle		
Fort	Myers FL 33913 City/State and Zip Code		
Katebe	and address: (to be used for Juture annual report notification)		
For further information concerning this mat	ter, please call:		
Carlo Cifarelli Namo of Person	at (516) 909 1782 Area Code Daytime Telephone Nur	mber	
		023 JAN SECRET	
Enclosed is a check for the following amount □ \$25.00 Filing Fee □ \$30.00 Filing		- 資物 July 1	ere Pol
Certificate	of Status Certified Copy Certi (additional copy is enclosed) Certi	ficate of Clanical	
		RECEIVE	D
Mailing Address: Registration Section	Street Address: Registration Section	SEP 2 2 2022	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY TALLAHAS	2023 JAH -5 I	
28.6.3. 28.6.3.	=======================================	

(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 912 303 Trand assigned Florida document number L 22 00039 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: (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: Myers , Florida 339

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 Agont, Signature of New Registered Agent

1	
If amending Authorized Person(s) author or removed from our records:	orized to manage, enter the title, name, and address of each person being added
MGR = Manager AMBR = Authorized Member	

MGR =	Manager	
AMBR =	Authorized	Membe

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

2. Effective date, if other than the date of filing: (If an effective date, if other than the date of sold and cannot be prior to date of thing or more than 90 days after filing.) Parameter to 605 0207 (3)x Note: If the date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed as the 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 coord is filed. Dated O9 10212022 Signature of a infeation or matherized representative of a member CAYLO CHAYELLI III									
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