From: Martin Collante

12/12/23, 1:28 PM

Division of Corporations

Florida Department of State

Division of Oprporations

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : I20060000012 Phone : (305)826-5886 Fax Number : (305)722-0535

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:				

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OCEAN 7 PROPERTIES LLC

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## From: Martin Collanta

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	(	OCEAN 7 PROPERTIES LLC			
	(Name of the Limited Li (A Fl	ubility Company as it now appears on our rec orida Limited Liability Company)	ordr)		
•	rganization for this Limited Liabili number L22000253875	ty Company were filed on 06/02/2022	and assigned		
 This amendment	is submitted to amend the following	g:			
A. If amending	name, enter the new name of the	limited liability company here:			
···	hadist table		<u>~</u>		
i ne new name must	be disimguishable and contain the words "	Limited Liability Company," the designation "L	LLC" or the abbreviation "L.L.C."		
Enter new princ	ipal offices address, if applicable:				
(Principal office	address MUST BE A STREET AL	DDRESS)			
			<u> </u>		
			<i>₹</i> \>		
į	ng address, if applicable:				
(Malling address	MAY BE A POST OFFICE BOX				
B. If amending	the registered agent and/or registe	ered office address on our records, <u>ent</u>	ter the name of the new registered		
	new registered office address her				
Name o	New Registered Agent:				
New Re	gistered Office Address:				
		Enter Florida street address			
		,	Florida		
		Clty	Zip Code		
New Registered A	gent's Signature, if changing Regist	ered Agent:			
provisions of all accept the oblig being filed to me	statutes relative to the proper an tions of my position as registered	ent and agree to act in this capacity. I d complete performance of my duties, d agent as provided for in Chapter 60 tered office address, I hereby confirm ge.	and I am familiar with and 5, F.S. Or, if this document is		
		II Changing Registered Agent, Signatur	re 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

Title	Name	Address	Type of Action
MGR	YADIRA DE LA OSSA	2000 METROPICA WAY	□Add
		SUNRISE, FL 33323	■Remove
			□ Change
			□Remove
			Change
			🗆 Remove
			☐ Change
			□Add
			Петоv <b>е</b>
			☐ Change
			□Add
			Remove
			☐ Change
<u> </u>			DAdd
		<del></del>	□Remove
			Change

2023

MILDRED A JORGE

Typed or printed name of signee

epresentative of a member

MGR

Dated \_ DECEMBER 18