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ALL MASSES, FLORIDA

OCT 5 2022 S. PRATHEF

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

porations		
Oceans C Name of Limi	MStals LLC ited Liability Company	<del></del>
Amendment and fee(s) are sub-	mitted for filing.	
ndence concerning this matter	to the following:	
De	nise Stein Name of Person	
Oceans (	Crystals LLC Firm/Company	<del></del>
120 Lei	high Ave	<del></del>
Ocean O Ocean E-mail address: (1	SCYSTCIS & COM to be used for future annual report notif	ication)
Skin Person	at ( <u>386</u> ) <u>481 ~ (</u> Area Code Daytime	330 C Telephone Number
e following amount:		
☐ \$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)
s: Section Orporations	Street Address: Registration Sec Division of Corp	porations
	Name of Lim  Name of Lim  Amendment and fee(s) are substituted and fee(s) a	Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:    Devise Stein

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

9	·
OCEANS Cryste (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>422005260213</u> .	CT: -2
This amendment is submitted to amend the following:	<u> </u>
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 a agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	>
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duries, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
H Chan	nging 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
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