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	(Address)		
	(Address)		
	(City/State/Zip/Phone #)		
PICK-UP	P WAIT MAIL		
	(Business Entity Name)		
	(Document Number)		
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
J. HORNE			
JUL 1 1 2022			

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2022 JUL -8 PH 1:55

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2022 JUL-8 AH 11: 22

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

07/08/22

NAME: OCEAN ONE INSURANCE GROUP, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: Ocean One				
	Name of Lin	nited Liability Company		
	·			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	undence concerning this matter	to the following:		
		-		
	Thomas Frankel			
		Name of Person		
	Frankel Enterprises			
	Tanker Enterprises	Firm/Company		
	200534111 11 0 1	•••		
	3535 Military Trail, Suite	Address		
	Jupiter, FL 33458	01.10		
		City/State and Zip Code		
	pam@jupitertitle.net E-mail address: (to be used for future annual report noti	fication)	
For further information o	concerning this matter, please c	ail:		
Down also Allian		561 G11 1000		
Pamela Allen Name o	f Person	at (561) 744-1033 Area Code Daytim	e Telephone Number	
, ·				
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

Malling Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUL-8 AM II: 22

ALLAHASSEE. FISTOR

Ocean One Insurance 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 June 16, 2022	and assigned
Florida document number L22000276013		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
Ocean One Insurance Agency, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	N/A	
		· · · · · · · · · · · · · · · · · · ·
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	ddress on our records, enter	the name of the new registered
agent and/or the new registered office address here:	·	
Name of New Registered Agent: N/A		
New Registered Office Address:		
Try Acquired Office Address.	Enter Florida street address	,
	W71 .	
	, Flo	oridaZip Code
Nove Doubtoned Agent) a Clarature of showing Doubtoned Agent.	-	·

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 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

Title	Name	Address	Type of Action
AMBR	Bradley Ball	3535 Military Trail #101	□Add
		Jupiter, FL 33458	⊞Renxove
			Change
AMBR	Thomas Frankel	3535 Military Trail #101	□ Add
		Jupiter, FL 33458	≅Remove
			Change
AMBR	Ball Ventures, LLC	3535 Military Trail #101	BAdd
		Jupiter, FL 33458	□Remove
			□Change
AMBR	Frankel Insurance, LLC	3535 Military Trail #101	🖩 Add
-	, <u> </u>	Jupiter, FL 33458	□Remove
			Change
AMBR	Joseph Ward	3535 Military Trail #101	S Add
		Jupiter, FL 33458	□Remove
			□ Change
			□Add
			□Remove
			Change

lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records. 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 1 is filed. ated June 27 , 2022 . Signature of a member or authorized representative of a member		
Ffective date, if other than the date of filing: 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 605.0207 (3) egg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the neurons secretive date on the Department of State's records. The 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 lis filed. Signature of a member or authorized representative of a member	_	
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Signature of a member or authorized representative of a member (optional) (o	_	
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Signature of a member or authorized representative of a member		
	ated _	une 27 , 2022 .
		Signature of a member or authorized representative of a member
Thomas Frankel		

Filing Fee: \$25.00

COVER LETTER

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SUBJECT: Ocean On	e Insurance Group, LLC		
		nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
•	Ū	· ·	
	Thomas Frankel	···	
		Name of Person	
	7 1 1 7 1		
	Frankel Enterprises	F:/C	
		Firm/Company	
	3535 Military Trail, Suite	101	
		Address	
	Jupiter, FL 33458		
	·	City/State and Zip Code	
	pam@jupitertitle.net		
		to be used for future annual repo	rt notification)
For further information of	concerning this matter, please c	all:	
Pamela Allen		at (561) 744-10	
Name (of Person	Area Code [Daytime Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &

Mailing Address:

TO:

gistration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

(additional copy is enclosed)

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy (additional copy is enclosed)