L22000253179

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

OCEANSIDE INVESTMENT PRO SUBJECT:	Name of Corporation	
DOCUMENT NUMBER: L22000283179	Same of Corporation	
The enclosed Articles of Correction and for	ee are submitted	for filing.
Please return all correspondence concerni		_
RODRIGO DA COSTA		, and the second
Name of Contact Person		
OCEANSIDE INVESTMENT PROPERTIES LL	С	
Firm/Company		_
390 N. INDIANA AVE		
Address		_
ENGLEWOOD, FLORIDA 34223		
City/State and Zip Code		
MICHAEL@LAMARCAINSURANCE.COM		
E-mail address: (to be used for future annual r	eport notification)	
For further information concerning this m	atter, please call	;
MICHAEL LAMARCA	941	206 0033
Name of Contact Person	Area Code	206 0033 Daytime Telephone Number
Enclosed is a check for the following amo	ount:	
■ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	
□ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy	
Mailing Address:		Street Address:
Amendment Section Division of Corporations		Amendment Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF CORRECTION

For

OCEANSIDE INVESTMENT PROPERTIES LLC	2013 FAY 3U	AFI 8: 23
Name of Corporation as currently filed with the Florida Dept. of State		 .
		_ · · · · ·
L2200283179	·	
Document Number (if known)		
Pursuant to the provisions of Section 607.0124, Florida Statutes.		
These articles of correction correct OFFICERS (Document Type Being Corre	eried)	 ,
filed with the Department of State on 05/22/2023 (File Date of Document)	·	
Specify the inaccuracy, incorrect statement, or defect:		
REMOVE MILKA DA COSTA FROM CORP		
	-	
		<u> </u>
Correct the inaccuracy, incorrect statement, or defect:		
correct the inaccuracy, meoriest statement, of detect.		
	•	
[Kdh gd/os 1s		
(Signature of a director, president or other officer - if directors or officers had not been selected, by an incorporator - if in the hands of the receiver, truste other court appointed fiduciary, by that fiduciary.)	ve e, or	
RODRIGO DA COSTA 05/22	2/2023	
(Typed or printed name of person signing)	(Title of person signing)	

Filing Fee: \$35.00

MICHAEL A LAMARCA
Notary Public - State of Florida
Commission # HH 305649
My Comm. Expires Dec 8, 2026