LZZOUU	324592
(Address)	800392474008
(City/State/Zip/Phone #)	THUE TAKE OF STUD

2022 AUG 24 PH 2: 53

Office Use Only

(Document Number)

Certificates of Status

Certified Copies

Special Instructions to Filing Officer:

ŗ., Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956 Fax: 850.656.7953 www.incserv.com e-mail: accounting@incserv.com

incserv

ORDER FORM

FROM

Florida Department of State
 The Centre of Tallahassee
 2415 North Monroe Street, Suite 810
 Tallahassee, FL 32303
 corphelp@dos.myflorida.com
 850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE	8/24/2022	PRIORITY	Regular Approval	
--------------	-----------	----------	------------------	--

OUR REF # (Order ID#) 1066288

ORDER ENTITY

GREAT OCEAN REALTY LLC

PLEASE PERFORM THE FOLLOWING SERVICES: GREAT OCEAN REALTY LLC (FL)

File the attached amendment and provide a certified copy.

NOTES:

\$55.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section Division of Corporations

Great Ocean Realty LLC
SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dawn Short

Name of Person

Honigman LEP

Firm/Company

2290 First National Building, 660 Woodward Ave.

Address

Detroit, MI 48226

City/State and Zip Code

dshort@honigman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Dawn Short
 313
 465-7349

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed)

\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Taflahassee, 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

2022 AUG 24 AM 10: 33 Great Ocean Realty LLC STOLE STATE (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 7/22/22 _____ and assigned Florida document number _____L22000324592 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: Enter Florida street address

_____, Florida ____

Zip Code

FILED

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. Thereby 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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Chad Hatfield	1008 Airport Rd., Suite F	🖬 Add
		Destin, FL 32541	
			🗆 Change
			🗆 Add
			□Change
			🗆 Add
			□ Change
			🗆 Add
			🗆 Change
	<u> </u>		🗆 Add
			[]Change
			🗆 Add

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

								-
								-
								-
							. 18	-
		•					TANG	T
							21 AH	
							SSEE.FL	່ ວ ວ
				<u></u>			<u>_</u>	
						· <u> </u>		
			···					-
<u> </u>	ive date, if other the fective date is listed, the d If the date inserted in cent's effective date on	THIS DIOCK GOUS HOUR	neer me app	псарю зтанию	ing or more than ory filing requir	(option: 90 days after fil rements, this d	al) ing.) Pursuant to 60! ate will not be list	5.0207 (3)(b) ed as the
If the recor record is fi	d specifies a delayed e led.	ffective date, but not	an effective	e time, at 12:0	II a.m. on the e	arlier of: (b)	The 90th day afte	r the

Dated _____ 2022 Dawn Short Signature of a member or authorized representative of a member

Dawn Short

Eyped or printed name of signee

Filing Fee: \$25.00