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COVER LETTER

	Division of Cor			
CHDIEC		PLEASURES LCC		8
SUBJEC		Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	endence concerning this matter	to the following:	
		EMILY GAMBOA		
		-	Name of Person	
		OCEANIC PLEASURES	LCC	
		 	Firm/Company	
		818 MERIDIAN AVE. AI	PT 1	
			Address	
		MIAMI BEACH, FL. 331	39	
			City/State and Zip Code	
		OCEANICPLEASURES10	5@GMAIL.COM to be used for future annual repo	rt notification)
For furthe	er information c	oncerning this matter, please c	-	in nounced only
EMILY	GAMBOA		786 660-19	71
	Name o	f Person	at () Area Code E	Paytime Telephone Number
Enclosed	is a check for the	ne following amount:		
≘ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Sectificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Addre	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 NOV 15 PM 12: 59

OCEANIC PLEASURES LLC		Barble Language of
(Name of the Limited Liability Comps (A Florida Limited	nny as it now appears on our records. Liability Company)	SCORL MASSEE, FE
The Articles of Organization for this Limited Liability Company Florida document number L22000462376	were filed on	and assigned
This amendment is submitted to amend the following:		
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 Liabi Enter new principal offices address, if applicable:	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
(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 agent and/or the new registered office address here:	address on our records, enter t	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida

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 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
MGR	EMILY GAMBOA	818 MERIDIAN AVE. APT 1.	≣Ađđ
		MIAMI BEACH, FL 33139	□Remove
			□Change
			□Add
			□Remove
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n effective date is listed, the date must be specific and cannot be prior te: If the date inserted in this block does not meet the applications.	to date of filing or more that able statutory filing requ	n 90 days after filing.) Pursua	nt to 605.020 t be listed a
cument's effective date on the Department of State's records.			
ecord specifies a delayed effective date, but not an effective ti	me at 12:01 a.m. on the	parlies of (b). The 90th	day after the
is filed.	me, at 12.01 a.m. on the	carner or. (b) The 30th	ouj anci in
NOVEMBER 08 2022			
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Filing Fee: \$25.00