

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : ZENBUSINESS INC.  
 Account Number : I20230000190  
 Phone : (844)449-3624  
 Fax Number : (512)597-0678

2024 OCT 10 PM 12:18  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

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\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

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 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**OCEANSIDE FS,LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

**ARTICLES OF AMENDMENT H24000340668.3  
TO  
ARTICLES OF ORGANIZATION  
OF**

OCEANSIDE FS, 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 11/02/2022 and assigned Florida document number L22000469639.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1232 Flagstone Dr

Daytona Beach, FL 32118-3106

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1232 Flagstone Dr

Daytona Beach, FL 32118-3106

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**SECRETARY OF STATE**

**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**

City

Zip Code

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Michael Wade Lewis	1232 Flagstone Dr	<input checked="" type="checkbox"/> Add
		Daytona Beach, FL 32118	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michael Wade Lewis	1232 Flagstone Dr	<input type="checkbox"/> Add
		Daytona Beach, FL 32118-3106	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Update business purpose: Consulting on matters pertaining to but not limited to:

Inspections of Water Based Fire Sprinkler Systems Per NFPA-25 Basic Repairso Water Based Fire  
Sprinkler Systems Per NFPA-13, 13R, 13D Fire Pumps and Controllers.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed

Dated October 10 2024

/s/ Michael Wade Lewis

Signature of a member or authorized representative of a member

Michael Wade Lewis, Member

Typed or printed name of signee

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