L23000029782

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<u> </u>	(Business Entity Name)
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COVER LETTER

TO: Registration S Division of Co					
OCEANSI	DE CREATIONS LLC				
SUBJECT:					
	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	BRIANA L GERHARDST	rein			
		Name of Person			
		Firm/Company	<u> </u>		
	2413 DAKOTA WAY				
		Address	7- 3		
	CRESTVIEW, FL. US 325	0.36	ر د ۲		
	OCEANSIDECREATIONS	City/State and Zip Code ILLC3@GMAIL.COM			
	E-mail address: (to be used for future annual report notification)			
For further information of	concerning this matter, please c	all:	΄,		
BRIANA L GERHARD	STEIN	850 612-0969	231		
Name o	of Person	at ()Area Code Daytime Telephone	Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)		
Mailing Address		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations	:		
P.O. Box 632		The Centre of Tallahasso			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCEANSIDE CREATIONS 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 _____ _____ and assigned Florida document number L23000029782 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) 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

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

_, Florida ____

' 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>	Name	Address 5886 SEQUOIA COURT, MENTOR ON THE LAKE, OH, US 44060	Type of Action
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