## L23000206697

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Y. SCOTT

## **COVER LETTER**

TO:

TO: Registration Division of C			•		
OCEAN	OCEANS LUXURY LIMOUSINELLC				
SUBJECT:					
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	OMAR M DELGADO MO	OROTE			
		Name of Person		~ 3	
		Firm/Company		2023 JUN	-
	5312 EAGLE LAKE DR			TH -5	
		Address		***	ĵ.
	PALM BEACH GARDEN		<u> </u>	PH 2:	1
	odm19760@gmail.com	City/State and Zip Code	——————————————————————————————————————	23	
For further information	E-mail address: ( a concerning this matter, please c	to be used for future annual report not all:	ification)		
OMAR M DELGADO MOROTE		914 760-8317			
Name of Person			ne Telephone Number	<del></del>	
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate of Certified Co (additional co)	of Status & opy	
<u>Mailing Addı</u> Registration		Street Address: Registration So	ection		
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCEANS LUXURY LIMOUSINELLC (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  $\frac{05/23/2023}{2}$ and assigned Florida document number \_\_L23000206697 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: OCEANS LUXURY LIMOUSINE LLC 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
		_	
	• • • • • • • • • • • • • • • • • • • •		□Add
			□ Remove
			Change Change
			→ □Add Remove
			Remove  Remove  Change
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			□Remove
			□Change
			□ Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 4 4 8 05/23/2023 E. Effective date, if other than the date of filing: (15 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 Signature of a member or authorized representative of a member OMAR M DELGADO MOROTE Typed or printed name of signee

Filing Fee: \$25.00