## L23000217788

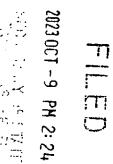
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## **COVER LETTER**

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TO: Registration Section Division of Corporations	
SUBJECT: Ocean Breeze Installations	
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:	
Austen Herbold, hevin Donnelly Name of Person	
Ocean Breeze Installations Firm/Company	
707 SE Darkwaj Dr	
Florida 34996  City/State and Zip Code  Austen@OBinstallations/Keuin@Oi  E-mail address: (to be used for future annual report not fication)	3 installations
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Austen Herbold Kevin Donnelly 561 452-7325 56 Name of Person Daytime Telephone Number	1-768-8213
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	`Status & oy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	



September 25, 2023

AUSTEN HERBOLD 707 SE PARKWAY DRIVE STUART. FL 34996 US

SUBJECT: OCEAN BREEZE INSTALLATIONS LLC Ref. Number: L23000217788

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You can only have one person listed as the registered agent. Please select add both parties in section C, instead of change. For a faster turnaround you can email the corrected documents to: Vonterica.Williams@DOS.myflorida.com. PDF Format only.

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Vonterica S Williams REGULATORY SPECIALIST II

Letter Number: 823A00022145

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ocean Bree	20 185	tallat	10 mS	enedt )	<del>-</del>	~2
Name of the Limited	inhility Company Inrida Limited Lial	aljità (ombanà)	13 1110 1191 1	RUIDH/	1	2023 O. §
The Articles of Organization for this Limited Liabil	lity Company we	ere filed on	5 3	2023	nnd as	1 7
Florida document number <u>L230007177</u>	117.				10-2	W.
This amendment is submitted to amend the following					13 -7. 13 -7.	PM 2
A. If amending name, enter the new name of the   \( \subset / \begin{align*} \A \\ \text{the new name must be distinguishable and contain the words} \)	fimited liabilit	y company h	gru: designation	"LLC" or the	abbreviation 1	<u> </u>
Enter new principal offices address, if applicable		1240	Sid	22+h	avene	،٤
(Principal office address MUST BE A STREET A		Boyr	1-ton 3.	22+h Beach >426	FL	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	- Q –	1240 Ba	Sw Inton 32	Beac 3426	avenu n FL	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office add re:					
Name of New Registered Agent:	Austen	Herbc	10			
New Registered Office Address:	Austen 1240	Sw 2 Enter Flori	g rh da street ad	avenu Inss	<u>e</u> -	t
	Boynton					<u></u>
New Registered Agent's Signature, if changing Regist	ered Agent:					

Thereby 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

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 Type of Action Address Title Name AMBR Awien Herbold 707 DE partourney Dr Vado STUART FL 311944 CRemove AMBR Vacun Dannelly 1240 - 200 2814 Ave Chan Boynton Bch FL 33426 DRemove \_\_\_\_\_\_ Lettange \_\_\_\_\_ □Remove \_\_\_\_\_\_ □Change

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Filing Fee: \$25.00