

L23000534812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

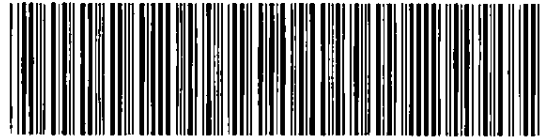
(Business Entity Name)

(Document Number)

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10/29/24--01018--013 \*\*25.00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 18, 2024

KATHERINE KRONICK  
3460 S OCEAN BLVD 711  
PALM BEACH, FL 33480

SUBJECT: OCEANFRONTART LLC  
Ref. Number: L23000534812

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L07000017856.

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) 245-6000.

Rebekah Lefeavers  
Regulatory Specialist III

Letter Number: 724A00025204

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OCEANFRONTART  
\_\_\_\_\_

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:

KATHERINE KRONICK  
\_\_\_\_\_

Name of Person

OCEANFRONTART LLC  
\_\_\_\_\_

Firm/Company

3460 S OCEAN BLVD 711  
\_\_\_\_\_

Address

PALM BEACH FLORIDA 33480  
\_\_\_\_\_

City/State and Zip Code

kronickkatherine@gmail.com  
\_\_\_\_\_

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katherine Kronick  
\_\_\_\_\_

240 401-0017  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

OCEANFRONTART

(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 December 1, 2023 and assigned  
Florida document number L23000534812.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

OCEANFRONT ARTS 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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

*Enter Florida street address*

*City*

*Florida*

*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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

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

This is a correction request to my previous request:

On October 25th 2024, I requested the "OCEANFRONTART" name change. The cover letter, the Articles of Amendment and the money order (\$25) were mailed overnight to the address: Registration Section, Division of Corporations, The Centre of Tallahassee, 2415 N.Monroe Street, Suite 810, Tallahassee, FL 32303.

It was delivered on October 28th, 2024 at 1:54 pm.

In the Articles of Amendment (Point A) from October 25th, I entered the new company's name as "OCEANFRONT" and that was rejected.

I would like to correct my initial request and to make the company's new name "OCEANFRONT ARTS"

Thank you so much for your help!

Katherine Kronick, OceanfrontArt LLC

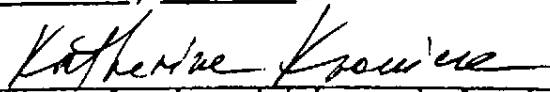
kronickkatherine@gmail.com

240 401-0017

**E. Effective date, if other than the date of filing:** December 14th, 2024 (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 December 13th, 2024

  
Signature of a member or authorized representative of a member

Katherine Kronick

Typed or printed name of signee