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## **COVER LETTER**

Division of Corp			
SUBJECT:	10 S. Ocea-	BLVD LC ed Liability Company	<u> </u>
	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspor	ndence concerning this matter to	o the following:	
	STEWAR	- Y Satter Name of Person	
		Name of Person	<del>-</del>
	1960	S. OCCA BUV	D LLC
	1640 S.	OCEAN DIVA	•
	Maralap	City/State and Zip Code	62
	E-mail address: (to	o be used for future annual report no	diffication)
For further information co	oncerning this matter, please ca	ill:	
Stewar	+ Satte	at (561) 25/ Area Code Dayti	- 5239
name o	reison	Area Code 19ayu	ine relepione (vanos
Enclosed is a check for the	ne 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 8107
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1960 S 0	CEAN	BLUD	44 C	
1960 S O (Name of the Limited I	Liability Compa Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabi	lity Company	were filed on	3/1/2024	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liab	ility company h	<u>ere</u> :	
The new name must be distinguishable and contain the words	s "Limited Liabil			
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		ADORE	SI TO REM	Air THESAME
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or registered		address on our	records, enter the na	ne of the new registered
agent and/or the new registered office address h	<u>iere</u> :			
Name of New Registered Agent:	ote.	var f	Ja HE	
New Registered Office Address:	1640	o و ک Enter Fl	orida street address	
			, Florida _	
New Registered Agent's Signature, if changing Reg				
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the region company has been notified in writing of this change in the change i	and complete ered agent as gistered office nange.	e performance of provided for in	of my duties, and Lan Chapter 605, F.S. O	r, if this document is

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	Type of Action
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gent	, and the second	Delray Beach, Fi 3:	3 483 #Remove
			□Change
Registeral	Satter, Stewart	1640 S. O CEARN Blud.	🗹 Ādd
Agest		Manchepul, FC 33462	□Remove
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Effective date, if other than the date in effective date is listed, the date must be ote: If the date inserted in this blococument's effective date on the Dep	especific and cannot be prior to date of the specific and cannot be prior to date of the specific able states.	of filing or more than 90 days after that the filing requirements, this	filing.) Pursuant to 605.0207
record specifies a delayed effective of is filed.	ate, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after the
ated July 2	3rd 2024		
8 / WW	gnature of a member or authorized re	epresentative of a member	- C 53
	STEWART	A. SATTER	ACC TO
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