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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	





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2024 MAY 20 AM 10: 45 SECRETARY OF STATE ALLAMASSES STATE

2024 MAY 22 AM 9: 27

## CORPORATE ACCESS,

#### When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

#### **WALK IN**

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 21, 2024

CORPORATE ACCESS

SUBJECT: OCEAN SOLE 1001 LLC

Ref. Number: L24000114300

We have received your document for OCEAN SOLE 1001 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):

List the Registered Agents name how it appears of DOS records.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 024A00011067



### ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

FILED

2024 HAY 22 AM 9: 27

TÁLLAHASSÉÉ, FLORÍÓA

A A B		~~ ~	-			•
OCE.	AΝ	SOL	٠Β.	1001	LL	J.

(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 Florida document number L24000114300	Liability Company were filed on 03-0	06-2024 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the United Hability company her	<u>re</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	aignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
- ,	7 PAIA	
(Mailing address MAY BE A POST OFFIC)	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addr		cords, enter the name of the new register
Name of New Registered Agent:	Law Office of	Valeria Schvartzman Pi
New Registered Office Address:	2999 NE 191 ST SUITE 402	
	Enter Planta	la street address
	AVENTURA	Ωt
	AVENTURA	, Plorida FL Zip Code

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

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

Title	Name	Address	Type of Action
MGR	CAVAGLIATTO MARIO J	17315 COLLINS AVE UNIT 1001,	□Add
		SUNNY ISLES BEACH, FL 33160	≅Remove
			Change
MOR	SLOTOGURA ZULBMA R	17315 COLLINS AVE UNIT 1001	
		SUNNY ISLES BEACH, PL 33160	■Remove
			[]Change
MGR	CAVAGLIATTO GUILLERMO	17315 COLLINS AVE UNIT 1001	□ Add
		SUNNY ISLES BEACH, FL 33160	≅Remove
	VSD SERVICES LLC		□ Chango
MOR		2999 NE 191 ST SUITE 402	
		AVENTURA FLORIDA, 33180	CRemove
			Change
			DAdd
			□Remove
			□Change
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Signature of a member or authorized representative of a member	Dated O5 MAY		, 2024 , / // // .					
Signature of a mamber or authorized representative of a member			_/ ///mi	راري				
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Filing Fee: \$25.00