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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Oceanic Group Holdings, LLC SUBJECT: \_\_\_ 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: Santiago F. Alvarez Name of Person Firm/Company 7850 NW South River Drive Address Medley, FL 33166 City/State and Zip Code kalvarez@gammaseafood.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Santiago F. Alvarez Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Oceanic Group Holdings.	, LLC		
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	ow appears on o	our records.)	<del></del>
The Articles of Organization for this Limited Liability Company were file	ed on	March 14, 2024	and assigned
Florida document number L24000128930			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability com	pany here:		
Grupo Oceanic Holdings, LLC			
The new name must be distinguishable and contain the words "Limited Liability Compa	my." the design:	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			_
Principal office address MUST BE A STREET ADDRESS)			024
	<u>-</u>		024 KPf
			1
Enter new mailing address, if applicable:			কৰ ক্ৰম্ম
Mailing address MAY BE A POST OFFICE BOX)	<del> </del>		89
Maning dadress WALDEAT OUT THE BOLY			22
			<u> </u>
3. If amending the registered agent and/or registered office address ogent and/or the new registered office address here:  Name of New Registered Agent:	on our record	ds, enter the name	of the new regist
New Registered Office Address:			
	Enter Florida st	reet address	
		, Florida	
City		·	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

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
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II amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	March 14, 2024 (optional)  tive date, if other than the date of filing:  (optional)  (optional)  (in this block does not meet the applicable statutory filing requirements, this date will not be listed as the official on the Department of State's records.
he record ord is file	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 d.
Dated _	March 18  Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Santiago F. Alvarez, Manager  Typed or printed name of signee

Filing Fee: \$25.00