

L24000137719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

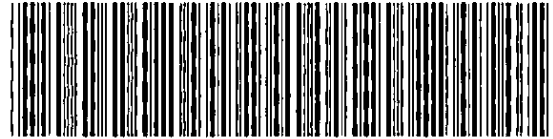
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



500438116245

10/23/24--01009--030 \*\*35.00

FILED  
2024 NOV 25 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FL

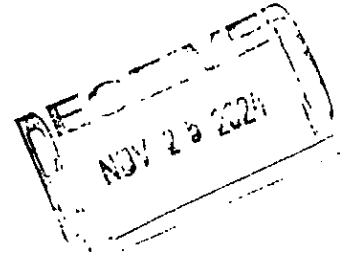


FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 7, 2024

PATRICIA E SULLIVAN  
3441 COLONIAL BLVD STE 1  
FORT MYERS, FL 33966

SUBJECT: OCEANSIDE 408 LLC  
Ref. Number: L24000137719



We have received your document for OCEANSIDE 408 LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

SHANTELL BROWN  
Regulatory Specialist II

Letter Number: 524A00024508

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OCEANSIDE 408 LLC  
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:

IAIN JOHNSTONE

Name of Person

OCEANSIDE 408 LLC

Firm/Company

3441 COLONIAL BLVD STE 1

Address

FORT MYERS, FLORIDA 33966

City/State and Zip Code

PSULLYGIRL33@GMAIL.COM

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

For further information concerning this matter, please call:

PATRICIA E SULLIVAN

Name of Person

at (770)

Area Code

366-6898

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

2024 NOV 25 PM 4:30  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

OCEANSIDE 408 LLC

(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 03/20/2024 and assigned  
Florida document number L24000137719.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

*Enter Florida street 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

FILED  
2024 NOV 25 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FL

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>	<u>Address</u>	<u>Type of Action</u>
MGR	PATRICIA E SULLIVAN	12150 SHOREVIEW DR	<input checked="" type="checkbox"/> Add
		MATLACHA, FLORIDA 33993	<input type="checkbox"/> Remove
		12150 SHOREVIEW DR	<input type="checkbox"/> Change
MGR	JOHNSTONE, PATRICIA H	MATLACHA, FLORIDA 33993	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2024 NOV 25 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

NAME ENTERED INCORRECT

FILED  
2024 NOV 25 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FL  
ona


E. Effective date, if other than the date of filing: 10/15/2024 (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 11/19/2024 \_\_\_\_\_;

  
Signature of a member or

IAIN JOHNSTONE

Typed or printed name of signee