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PICK-UP	☐ WAIT	MAIL
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Certified Copies		
Special Instructions to	Filing Officer:	

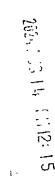




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06/85/24--01908--001 **52.50

08/15/24--01019--001 ++7.50







August 1, 2024

PAMELA REDONDO 9 MEADOWLAKE DR LAKE PLACID, FL 33852

SUBJECT: OCEAN BAY MARKETING LLC

Ref. Number: L24000137861

We have received your document for OCEAN BAY MARKETING LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tammi Cline Regulatory Specialist II Supervisor

4.14

Letter Number: 124A00017105



July 13, 2024

PAMELA REDONDO 9 MEADOEWLAKE DR LAKE PLACID, FL 33852

SUBJECT: OCEAN BAY MARKETING LLC

Ref. Number: L24000137861

We have received your document for OCEAN BAY MARKETING LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

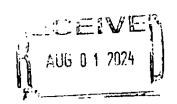
The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Tammi Cline Regulatory Specialist II Supervisor

Letter Number: 224A00015203



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ocean Bay Marketing 220 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:
Panela D. Redondo
Ocean Bay Marketing LLC
9 Meadowlake Dr
Lake Placid Fl 33852 City/State and Zip Code Pam Redondo @ OutLook.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tanle a Redondo at (954) 6/2-/300 Area Code Daytime Telephone Number
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 Certified Copy (additional copy is enclosed) 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

Ocean Bai	1 Marketing LLC
	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number $\frac{294000/3886}{}$	ompany were filed on $3/20/2024$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	ESS)
	. <u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
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

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
A <u>HBR</u>	Pamela DRedondo	9 Meadowlake Dr	XAdd
		9 Meadowlake Dr Lake Placid, F/ 33852	Remove
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tive date, if other than the date of fi	and cannot be prior to	date of filing or more t	nan 90 days after fi	ling.) Pursuant to 605
If the date inserted in this block does need to be a selfective date on the Department	of State's records.	e statutory timing rec	junements, this	jate will hot be list
ord specifies a delayed effective date, but filed.	not an effective time	e, at 12:01 a.m. on tl	e earlier of: (b)	The 90th day afte
ned.		_		
Luc 13	_, 2024			
		7		
4.111	11/1/1/2			
Signature of	of a member or authoriz	Sed representative of a	member	

Filing Fee: \$25.00