24000311402

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Basiliess Ellary Halle)	
(Document Number)	_
(Document Number)	
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	7
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Office Use Only



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2024 DEC 18 BH 2: 19

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 12/18/2024

PRIORITY_ Regular Approval

OUR REF_#_(Order_ID#)_ 1333149

ORDER ENTITY____

OCEANS AT CANE BAY LLC

OCEANS AT CANE BA				
NOTES:	 	-	 	
\$25.00 Authorized				
RETURN/FORWARDIN	ONS:		 	

ACCOUNT NUMBER: 1200500000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, December 18, 2024 Page I of I

COVER LETTER

то:	Registration Sect Division of Corp				
CHDICA		Γ CANE BAY, LLC			
SOBJE		Name of Lim	ited Liability Company		
The enc	losed Articles of A	mendment and fee(s) are sub	mitted for tiling.		
Please r	eturn all correspon	dence concerning this matter	to the following:		
		Kaylyn Poirier			
			Name of Person	Daytime Telephone Number & □ \$60.00 Filing Fee. Certificate of Status & Certified Copy Tadditional copy is enclosed)	
			Firm/Company		
		676 W Prospect Road			
			Address	•	
		Fort Lauderdale FL 33309			
		Jmarcuscpa@yahoo.com	City/State and Zip Code		
		E-mail address: (to be used for future annual	report notification)	
For furt	ner information co	ncerning this matter, please ca	all:		
Kaylyn	Poirier			6-8513	
	OCEANS AT CANE BAY, LLC Name of Limited Liability Company melosed Articles of Amendment and fee(s) are submitted for filing. e return all correspondence concerning this matter to the following: Kaylyn Poirier				
Enclose	d is a check for the	following amount:			
■ \$25	.00 Filing Fee		Certified Copy		Certificate of Status & Certified Copy
	Mailing Address:		Street A	ddress:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

OCEANS AT CANE BAY, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our records.) united Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on 07/16/2024 and as	ssigned
Torida document number L24000311402		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	d liability company here:	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "I	"I"C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	SS)	
	7.57	
	2024 DEC	الألأ
nter new mailing address, if applicable:		11222
Mailing address MAY BE A POST OFFICE BOX)	10° CO	
		الشيطية المنتعة ا
3. If amending the registered agent and/or registered o	ffice address on our records, enter the name of the he	<u>w registe</u>
gent and/or the new registered office address here:		
No. of No. 10.		
Name of New Registered Agent:		
New Registered Office Address:	C	
	Enter Florida street address	
	, Florida	
	tin' Zin't ode	

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>	<u>Address</u>	Type of Action
MBRM	ELMES, TIMOTHY	1200 EAST LAS OLAS BLVD SUITE 103	🗆 Add
		FORT LAUDERDALE, FL 33301	■Remove
			□Change
MBRM	ADDSAMDEV FAMILY, LEC	1200 EAST LAS OLAS BLVD SUITE 103	= Add
		FORT LAUDERDALE, FL 33301	□Remove
			□Change
			□Abdd
			□Remove
			[] Change
		.	□Add
			□Remove
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fective date, if other than in effective date is listed, the date ote: If the date inserted in thi ocument's effective date on th	must be specific ar s block does not	id cannot be prior t meet the applica				
ecord specifies a delayed effe is filed.	ctive date, but no	ot an effective tin	ne, at 12:01 a.m.	on the earlier of:	(b) The 90th day (ifter the
DECEMBER 18		2024				
Rae ann	Signature of a	member or autho	rized representative	of a member		-

Filing Fee: \$25.00