

L25000193426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

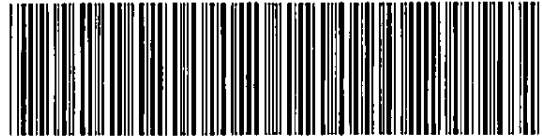
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Received Back 8-21-25

Office Use Only



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2025 AUG 21 AM 9:18



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 2, 2025

OCEAN PROPERTY & WEALTH MANAGEMENT, LLC  
LISA MURPHY  
98 ACKLIN GAP RD  
CONWAY, AR 72032 US

SUBJECT: OCEAN PROPERTY & WEALTH MANAGEMENT, LLC  
Ref. Number: L25000193426

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$0.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

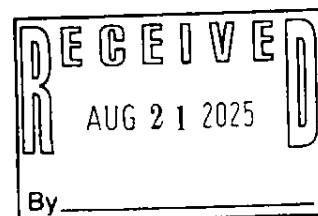
The Registered Agent needs to sign accepting the position.

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.

Mary C Malone  
Amendment Section

Letter Number: 725A00017103



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ocean Property and Wealth Management, 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:

Lisa Murphy

Name of Person

Ocean Property and Wealth Management, LLC

Firm/Company

98 Acklin Gap Rd

Address

Conway AR. 72032

City/State and Zip Code

Oceanmanagementandrecreation@gmail.com

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

For further information concerning this matter, please call:

Lisa Murphy

870

3074646

at ( )

Name of Person

Area Code

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

2025 AUG 21 AM 9:16

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

Ocean Property and Wealth Management, 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 April 23, 2005 and assigned  
Florida document number L25000193426.

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)**

1782 S Pontiac Cir

Melbourne FL 32935

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

98 Acklin Gap Rd

Conway AR 72032

**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:

Lisa Murphy

New Registered Office Address:

1782 S Pontiac Cir

*Enter Florida street address*

Melbourne

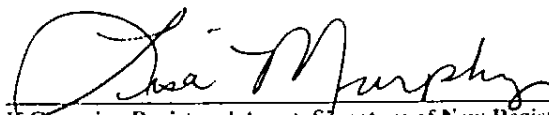
Florida 32935

*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>         | <u>Address</u>                        | <u>Type of Action</u>                      |
|--------------|---------------------|---------------------------------------|--------------------------------------------|
| AMBR         | Lisa Murphy         | 1782 S Pontiac Cir Melbourne FL 32935 | <input checked="" type="checkbox"/> Add    |
|              |                     |                                       | <input type="checkbox"/> Remove            |
|              |                     |                                       | <input type="checkbox"/> Change            |
| MGR          | Erika Hamilton      | 1050 Kirkland Conway AR 72034         | <input checked="" type="checkbox"/> Add    |
|              |                     |                                       | <input type="checkbox"/> Remove            |
|              |                     |                                       | <input type="checkbox"/> Change            |
| AMBR         | Erika Hamilton      | 1050 Kirkland Conway AR 72034         | <input type="checkbox"/> Add               |
|              |                     |                                       | <input checked="" type="checkbox"/> Remove |
|              |                     |                                       | <input type="checkbox"/> Change            |
| MGR          | Lisa Murphy         | 1782 S Pontiac Cir Melbourne FL 32935 | <input type="checkbox"/> Add               |
|              |                     |                                       | <input checked="" type="checkbox"/> Remove |
|              |                     |                                       | <input type="checkbox"/> Change            |
| AMBR         | Erin Hamilton       | 1050 Kirkland Conway AR 72034         | <input type="checkbox"/> Add               |
|              |                     |                                       | <input checked="" type="checkbox"/> Remove |
|              |                     |                                       | <input type="checkbox"/> Change            |
| MGR          | Gregory Kent Thomas | 98 Acklin Gap Rd Conway AR 72032      | <input checked="" type="checkbox"/> Add    |
|              |                     |                                       | <input type="checkbox"/> Remove            |
|              |                     |                                       | <input type="checkbox"/> Change            |

2008 AUG 21 AM 9:19

This LLC is Member-Managed by Lisa Murphy. The managers do not have any ownership.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.

Dated \_\_\_\_\_, \_\_\_\_\_.

Signature of a member or authorized representative of a member

Typed or printed name of signee

6/3/25

2025 AUG 21 AM 9:19