P1200091974

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And

DEC 29 2014

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: OCEAN GP 2606 CORP

DOCUMENT NUMBER: P12000096274

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MABEL ROMANIUK

Name of Contact Person

MABEL ROMANIUK & ASSOCIATES PA

Firm/ Company

1689 NE 123RD ST

Address

NORTH MIAMI FL 33181

City/ State and Zip Code

MABELROMANIUK@BELLSOUTH.NET

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

For further information concerning this matter, please call:

MABEL ROMANIUK

_{at} (305)

893-2669

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status

☐\$43.75 Filing Fee & Certified Copy (Additional copy is

□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy

is enclosed)

enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED			
14	DEC 22	PH 12:	11

OCEAN GP 2606 CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000096274

(Document Numb	er of Corporation (if knows	1)	
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	lorida Statutes, this <i>Florida</i>	Profit Corporation ad	opts the following amendmen
A. If amending name, enter the new name of t	he corporation:		
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," of	Corp," "Inc," or "Co"		
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET			
	•		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>E BOX</u>)		
D. If amending the registered agent and/or re-		Florida, enter the nam	e of the
new registered agent and/or the new register	ered office address:		
Name of New Registered Agent			
	(Florida street addr	ess)	
New Registered Office Address:		, Florida_	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		d accept the obligations	of the position.
	•		•
Signature	of New Registered Agent, i	f changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>ke Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	FUNDACION STEGER	52 ST & ELVIRA MENDEZ
Add			PANANA CITY,PANAMA
Remove			
2) Change	<u>P</u>	GERARDO PRATS	2950 NE 18ST APT 537
Add			AVENTURA FL 33180
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	<u> </u>		
Remove			
Remove			· · · · · · · · · · · · · · · · · · ·
6) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			

Attach additional sh		cles, enter change			
	ieets, if necessary).	(Be specific)			
					
					
					,
					
If an amandment n	wavides for an eval	anna waslassiffan	sian an cancalla	tion of icenad ch	Bros
If an amendment p	provides for an exch	nange, reclassifica	tion, or cancella	tion of issued sh	ares,
If an amendment p	provides for an exchalementing the ame	nange, reclassifica ndment if not con	tion, or cancella tained in the am	tion of issued sh endment itself:	ares,
If an amendment p provisions for imp (if not applicate	provides for an exchaplementing the ame ble, indicate N/A)	nange, reclassifica ndment if not con	tion, or cancella tained in the am	tion of issued sh endment itself:	ares,
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If an amendment p provisions for imp (if not applicate	provides for an excludementing the ame ble, indicate N/A)	nange, reclassificated and ment if not con	tion, or cancella	tion of issued sh endment itself:	ares,

The date of each amendment(s) ad	option: 12/1//17	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopty the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder	
` ′	pted by the incorporators without shareholder action and shareholder	
action was not required.		
Dated 12/17/14	(lemy)	
Dated		
Signature		
(By a di	rector, president or other officer - if directors or officers have not been	
	I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
арропи	ed fiduciary by that fiduciary)	
	GERARDO PRATS	
•	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	_