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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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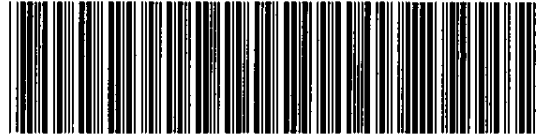
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JAN 15 2009

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09 JAN 14 AM 8:16
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEAWARD, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT S. KLEINMAN
(Name of Person)

ROBERT S. KLEINMAN, P.A.
(Firm/Company)

1701 West Hillsboro Blvd., Suite 207
(Address)

Deerfield Beach, FL 33442-1566
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT S. KLEINMAN at (954) 428-5838
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

SEAWARD, 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 12/16/2002 and assigned Florida document number L02000033738.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1701 West Hillsboro Blvd.

(Principal office address MUST BE A STREET ADDRESS)

Suite 207

Deerfield Beach, FL 33442-1566

Enter new mailing address, if applicable:

1701 West Hillsboro Blvd.

(Mailing address MAY BE A POST OFFICE BOX)

Suite 207

Deerfield Beach, FL 33442-1566

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:

ROBERT S. KELINMAN

New Registered Office Address:

1701 West Hillsboro Blvd., Suite 207

(Enter Florida street address)

Deerfield Beach

(City)

, Florida

33442-1566
(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 608, 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)

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STATE OF FLORIDA
TALLAHASSEE

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSEPH J. WEISENFELD	1901 Brickell Avenue Suite 8202 Miami, FL 33129	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	PATRICK HARRINGTON	19 Witley Gardens, Southall Middlesex UB2 4ES United Kingdom	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated January 7 - 09

[Handwritten Signature]

Signature of a member or authorized representative of a member

PATRICK HARRINGTON

Typed or printed name of signee

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TALLAHASSEE, FLORIDA