

LD8000042344

Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6383

L. SELLERS

From: Account Name : J.E. OYARCE & ASSOCIATES
Account Number : I19990000186
Phone : (305) 324-2248
Fax Number : (305) 324-4959

JUN 11 2008

EXAMINER

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SEACOAST ACTIVITIES, LLC

Certificate of Status	1
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06/10/08

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SEACOAST ACTIVITIES, 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:

JORGE E OYARCE
(Name of Person)
JE OYARCE & ASSOCIATES
(Firm/Company)
199 SW 12TH AVENUE, SUITE 11
(Address)
MIAMI, FL 33130
(City/State and Zip Code)

For further information concerning this matter, please call:

JORGE E OYARCE at (305) 324-2248
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2008 JUN 10 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEACOAST ACTIVITIES, 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 4-28-08 and assigned
Florida document number LO8000042344

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:

(Principal office address MUST BE A STREET ADDRESS)

5700 COLLINS AVENUE

SUITE 9-L

MIAMI BEACH, FL 33140

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5700 COLLINS AVENUE

SUITE 9-L

MIAMI BEACH, FL 33140

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:

DAVID J BORRAS-HIGUERO

New Registered Office Address:

5700 COLLINS AVENUE, #9

(Enter Florida street address)

MIAMI BEACH

Florida

33140

(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 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)

Page 1 of 2

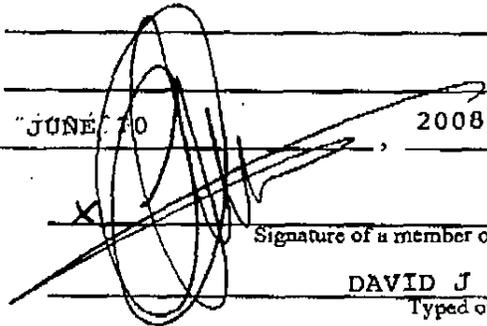
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>DAVID J BORRAS-HIGUERO</u>	<u>5700 COLLINS AVE #9-L</u> <u>MIAMI BEACH, FL 33140</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>VALERIA GOMEZ LIBANO</u>	<u>5700 COLLINS AVE #9-L</u> <u>MIAMI BEACH, FL 33140</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>BORJA FABREGAS</u>	<u>5700 COLLINS AVE #9-L</u> <u>MIAMI BEACH, FL 33140</u>	<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

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

Dated JUNE 10, 2008



Signature of a member or authorized representative of a member

DAVID J BORRAS-HIGUERO
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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