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SECTION OF THE SECTIO

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	gistration Se vision of Cor				
oun inor		PARTNERS, LLC			
SUBJECT:		Name of Lim	ited Liability Company		. .
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	n all correspo	ondence concerning this matter	to the following:		
		Katherine Isaza			
			Name of Person		
		Tectum LLC			
			Firm/Company		
		848 Brickell Av suite 903			
			Address		
		Miami, FL 33131			
			City/State and Zip Co	ode	
		kisaza@tectum	to be used for future and	wel report notif	ication)
For further i	information c	concerning this matter, please c		idar report noxin	iculton,
Katherine Is	saza		305 at ()	4565340	
	Name o	of Person	Area Code	Daytime	Telephone Number
Enclosed is	a check for the	he following amount:			
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy i	y	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	ailing Addres			et Address: istration Sec	etion
Di	vision of C	Corporations	Divi	sion of Corp	porations
D f	O. Box 632	7	The	Centre of T.	allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 HAY 31 PM 4: 30

SEAWARD PARTNERS, LLC		SEC:
(<u>Name of the Limited Liability</u> (A Florida	ty Company as it now appears on our record Limited Liability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability C	Company were filed on 11/05/2009	and assigned
lorida document number L09000106820	_ ·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDR</u>	RESS)	
		<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	.2

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 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>Name</u>	<u>Address</u>	Type of Action
HORACIO F. ROSITO		□Add
	848 BRICKELL AV SUITE 903MIAMI, FL 33131	=Remove
	<u> </u>	Change
MARIA M. GIL	848 BRICKELL AV SUITE 903MIAMI, FL 33131	= Add
		□Remove
		□Change
		□Remove
		□Change
		□Add
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		□Change
		□Add
		□Remove
		□Change
		🗖 Add
		□Remove
	HORACIO F. ROSITO	MARIA M. GIL 848 BRICKELL AV SUITE 903MIAMI, FL 33131 848 BRICKELL AV SUITE 903MIAMI, FL 33131

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