L15000/63275

(Requestor's Name)
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COVER LETTER

TO: Registration So Division of Cor			
SeedTrust i	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
. The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	•	
•	Roland Salloum		
		Name of Person	100-10
	Law Office of Roland Salle	oum	
		Firm/Company	
	Orchendis Arcolouine	515 N. Flagi	er Dr. # P-300
		Address J	
	West Palm Beach, Florida	33401	
		City/State and Zip Code	#.//,
	R@Salloum.Legal	to be used for future annual report notif	ication
For further information of	concerning this matter, please co		teanon,
Roland Salloum		561 351.2451	
Name (of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sec	tion
Division of C	Iorporations	Division of Cor	porations
P.O. Box 632 Tallahassee.		The Centre of T	allahassee 2 Street, Suite 810
i ananassee.	I L J∆J14	24 LJ IN. IVIUIII OR	. Succe. Suite o IV

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SeedTrust LLC

20201*** -8 PM 2:14

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L15000163275	were filed on 09/25/2015 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company "the designation "LLC" or the abbreviation "LLC"		
	515 North Flagler Drive		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	C. 1. D. 2//.		
(Principal office dataress Prost BE A STREET ADDRESS)	West Palm Beach, Floirda 33401		
Enter new mailing address, if applicable:	515 North Flagler Drive		
(Mailing address MAY BE A POST OFFICE BOX)	Suite P-300		
	West Palm Beach, Florida 33401		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new register		
New Registered Office Address:	Enter Florida street address		
	. Florida Zip Code		
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			□Change
		•	□ Add
			□Remove
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		□Remove	
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			— Change

				
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Affective date, if other than an effective date is listed, the date Note: If the date inserted in this locument's effective date on the	s block does not meet the ap	prior to date of filing or moplicable statutory filin	(optional) ore than 90 days after filing g requirements, this date) Pursuant to 605.0207 (will not be listed as t
record specifies a delayed effe d is filed.				
Dated May 4 Rofered	. 2020	·		
RI	O Leller			
-10/ans	Signature of a member or	authorized representative	of a member	

Filing Fee: \$25.00