

LIS 000 163 275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

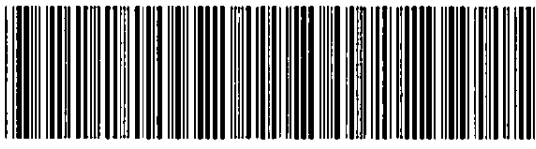
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 APR 10 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SeedTrust
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:

Roland S. Salloum

Name of Person

Firm/Company

515 North Flagler Drive, STE 350

Address

West Palm Beach, Florida 3401

City/State and Zip Code

R@Salloum.Legal

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

For further information concerning this matter, please call:

Roland Salloum

561

351.2451

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

SeedTrust

(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 9/25/2015 and assigned Florida document number L15000163275.

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 contain 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)

515 North Flagler Drive
Suite 350
West Palm Beach, Florida 33401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

515 North Flagler Drive
Suite 350
West Palm Beach, Florida 33401

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida** _____

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 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Edward Brockschmidt	515 North Flagler Drive, STE 350	<input type="checkbox"/> Add
		West Palm Beach, Florida 33401	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	George Winder	515 North Flagler Drive, STE 350	<input type="checkbox"/> Add
		West Palm Beach, Florida 33401	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Roland Salloun	515 North Flagler Drive, STE 350	<input type="checkbox"/> Add
		West Palm Beach, Florida 33401	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
 TALLAHASSEE, FL
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

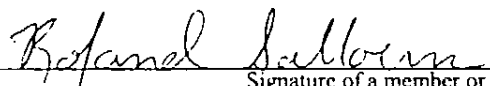
With this Amendment form, we are updating the company's mailing address, its principal place of business address and the addresses of the Members.

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SECRETARY OF STATE
STATE ADMINISTRATIVE

E. Effective date, if other than the date of filing: April 1, 2024 **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____, _____.


Signature of a member or authorized representative of a member

Roland Salloun
Typed or printed name of signee