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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Corporations Fax Number : (850)61 Account Name : TILLETT	te another cove	r sneet.	ا ت : حد ترجد
To:				AS
	Division of Corporations	i		SE
	Fax Number : (850)61	7-6383		tu∙o
E nom:				<u>, 17</u> }
ri Oili.	Account Name : TILLETT	ALVARADO & P	RENDERGAST	1.4
	Account Number : I202100	00002		
	Phone : (561)34	5-2416		
	Fax Number : (561)90	7-4965		
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Electronic Filing Menu

Corporate Filing Menu

Help

С

TO:

Registration Section

COVER LETTER

Division of Cor	porations		
	4 GROUP, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARCO TELLAKI		
		Name of Person	
	SEA PLUM GROUP, LLC	:	
		Firm/Company	········
	2525 MILITARY TRAIL,	SUITE III	
		Address	
	JUPITER, FL 33458		
		City/State and Zip Code	
	MT@CUCINAJUPITER.C	OM to be used for future annual report not	ification)
For further information of	oncerning this matter, please c		,
		202 864-9115	
MARCO TELLAKI		at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C	Section Corporations	Street Address: Registration Se Division of Co	rporations
P.O. Box 632 Tallahassee,		The Centre of T 2415 N. Monro	Fallahassee se Street, Suite 810

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEA PLUM GROUP, LLC			
(Name of the Limite	d Liability Company as it now appears o A Florida Limited Liability Company)	on our records.)	•
The Articles of Organization for this Limited Lic Florida document number L19000120213	ability Company were filed on 05/02	1/2019 and a	assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company here	;	
The new name must be distinguishable and contain the we	The state of the s	(c)	202
Enter new principal offices address, if applica (Principal office address MUST BE A STREE) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	able: T ADDRESS)	LARY OF STATE	FILED MOV21 AM 9:41
B. If amending the registered agent and/or reagent and/or the new registered office address		ords, <u>enter the name of the</u>	new registered
Name of New Registered Agent:	MARCO TELLAKI		
New Registered Office Address:	Enter Florid	a street address	
		, Florida	
	City	Zip Co	de .

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.

Changing Register Agent guature 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>	Address	Type of Action
MGR	LIRIM JACOBI	2525 MILITARY TRAIL, SUITE 111	
		JUPITER, FL 33458	Remove
			Change
MGR	MOHAMED TELLAKI	2525 MILITARY TRAIL, SUITE 111	□Add
		JUPITER, FL 33458	_
			□ Change
AMBR	MARCO TELLAKI	2525 MILITARY TRAIL, SUITE III	🖹 Add
		JUPITER, FL 33458	□Remove
			□ Change
			□Add
			□ Remove
			□Change
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			□Remove
			Change
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Effective date, if other than the d	late of filing:		(optional)	
Iffective date, if other than the d fan effective date is listed, the date must Note: If the date inserted in this bloo	be specific and cannot be prio	r to date of filing or more than	190 days after filing.) Pursuant	to 605.0207 red listed as
Note: If the date inserted in this block document's effective date on the Dep	partment of State's records	i.	rements, mis date with not o	ic fisico as
record specifies a delayed effective	date, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th day	y after the
d is filed.				
N/M/EMINED ID	2022	Al K	A	
Dated NOVEMBER 18	,,	- (/// // //		
		a T	SIGNIE	1
				7 7

Filing Fee: \$25.00

Typed or printed name of signee