

Division of Corporations

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M1500005556
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAX, ACCOUNTING AND FINANCIAL EXPERTS, INC.
Account Number : 120120000058
Phone : (305)438-7671
Fax Number : (866)895-8710

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: epuka76@aol.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SEACROFF INVESTMENTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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MAR 25 2016
3/17/2016
J. BRUCE

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: SEACROFF INVESTMENTS LLC

Enter new principal office address, if applicable:

*(Principal office address
MUST BE A STREET ADDRESS)*

1221 Brickell Avenue Suite 900
Miami, FL 33131

Enter new mailing address, if applicable:

*(Mailing address
MAY BE A POST OFFICE BOX)*

1221 Brickell Avenue Suite 900
Miami, FL 33131

2. The Florida document number of this limited liability company is: M15000005556

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 07/15/2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "LLC," or "L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "L.C.")

6. If amending the registered agent and/or registered officer 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: ERIKA MATTA BUENO

New Registered Office Address: 1221 BRICKELL AVENUE SUITE 900

Enter Florida Street Address

MIAMI

Florida

33131

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 603, 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.

Erika Matto
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Add Manager

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ERIKA MATTA BUENO	1221 BRICKELL AVENUE SUITE 900	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33131	<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

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Luz Restrepo
Signature of the authorized representative

Luz Restrepo
Typed or printed name of signee

Filing Fee: \$25.00