

Division of Corporations

Page 1 of 1



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H16000164895 3)))



H160001648953ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : TAX, ACCOUNTING AND FINANCIAL EXPERTS, INC.
Account Number : I20120000058
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

2016 JUL 11 AM 9:44

CLERK OF COURT
TALLAHASSEE, FLORIDA

**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

16 JUL 11 AM 9:17

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 12 2016

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

**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)

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 (3-9 complete only the applicable changes)

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

(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," "L.L.C.," or "LLC.")

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: LUZ MARINA RODRIGUEZ-LOPEZ

New Registered Office Address: 1221 Brickell Avenue Suite 900

Enter Florida Street Address

Miami

City

Florida 33131

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.

Luz M. Rodriguez

If Changing Registered Agent/Signature of New Registered Agent

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 11 AM 9:11

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Erika Matta Bueno</u>	<u>1221 Brickell Avenue Suite 900</u>	☐ Add
		<u>Miami, FL 33131</u>	☒ Remove
<u>MGR</u>	<u>Luz Marina Rodriguez-Lopez</u>	<u>1221 Brickell Avenue Suite 900</u>	☒ Add
		<u>Miami, FL 33131</u>	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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 signer

Filing Fee: \$25.00