## L14000102562

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| Div           | ision of Cor   | porations                                    |   |  |
|---------------|----------------|--|---|--|
| SUBJECT:      | 210 SUNSI      | ET ROAD LLC                                  |   |  |
| JOBILET.      | <del></del>    | Name of Lim                                  | ited Liability Company  |  |
| The enclosed  | i Articles of  | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please returr | all correspo   | ndence concerning this matter                | to the following:   |  |
|               |                | KRISTIN M. SMYKLO                            |   |  |
|               |                |  | Name of Person  |  |
|               |                | DAY PITNEY/CHAPIN E                          | BALLERANO & CHESLACK  |  |
|               |                |  | Firm/Company  |  |
|               |                | 1201 GEORGE BUSH BL                          | .VD   |  |
|               |                |  | Address   |  |
|               |                | DELRAY BEACH, FL 33                          | 483   |  |
|               |                |  | City/State and Zip Code   |  |
|               |                | KSMYKLO@DAYPITNE                             |   |  |
|               |                | E-mail address: (                            | to be used for future annual report notif                           | ication)   |
| For further i | nformation c   | oncerning this matter, please ca             | all:  |  |
| KRISTIN M     | 1. SMYKLO      |  | 561 537-4933<br>at ()   |  |
|               | Name o         | f Person                                     | Area Code Daytime   | : Telephone Number   |
| Enclosed is a | a check for th | ne following amount:                         |   |  |
| ■ \$25.00 F   | filing Fee     | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed |
|               | MAIL           | INC ADDRESS:                                 | STREET/COURT  | FB ADDDFSS   |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 210 SUNSET ROAD LLC  |  |   |                              | 2 C _             |
|--|--|---|------------------------------|-------------------|
| (Name of the Limit   | ed Liability Comps<br>(A Florida Limited | any as it now appears<br>Liability Company) | on our records.)             | 12 P              |
| The Articles of Organization for this Limited Li<br>Florida document number L14000102562                             | ability Company                          | were filed on                               | JUNE 26, 2014                | and assigned      |
| This amendment is submitted to amend the following   | owing: ·                                 |   |                              |                   |
| A. If amending name, enter the new name of   | the limited liab                         | oility company her                          | e:                           |                   |
| SEACLUSION KEY LLC   |  |   |                              |                   |
| The new name must be distinguishable and contain the w   | ords "Limited Liabi                      | lity Company," the des                      | signation "LLC" or the abbre | viation "L.L.C."  |
| Enter new principal offices address, if application  | able:                                    | C/O BRANDON                                 | REID, BESSEMER TRU           | ST                |
| (Principal office address MUST BE A STREET ADDRESS)  |  | 222 ROYAL PAI                               | LM WAY                       |                   |
|  | -  | PALM BEACH,                                 | FLORIDA 33480                |                   |
| Enter new mailing address, if applicable:  |  | C/O BRANDON                                 | REID, BESSEMER TRU           | ST                |
| (Mailing address MAY BE A POST OFFICE A  | В <i>ОХ</i> )                            | 222 ROYAL PAI                               | LM WAY                       |                   |
|  | · ·                                      | PALM BEACH,                                 | FLORIDA 33480                |                   |
| B. If amending the registered agent and/registered agent and/or the new registered of  Name of New Registered Agent: | fice address her                         |   |                              | e name of the new |
| Name of New Registered Agent.  | 200 000000                               |   |                              |                   |
| New Registered Office Address:   | 222 ROYAL P                              |   | la street address            | <del></del>       |
|  | DALMERCAC                                |   | a su eel aaaress             |                   |
|  | PALM BEACE                               | City  | Florida                      | Zip Code          |
|  |  | City  |                              | Lip Cour          |

## 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> | Address     | Type of Action                       |
|--------------|-------------|-------------|--------------------------------------|
|              |             |             |                                      |
|              |             |             | □ Remove                             |
|              | ,           |             | ☐ Change                             |
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|              |             |             | Change                               |

| ffective date, if other than the date of filing:  (optional)  (optional)  (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 605.020 (obeging the list inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a occument's effective date on the Department of State's records.  The 90th day after the record is filed.   |  |                                      |
|--|--|--------------------------------------|
| ffective date, if other than the date of filing:  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 605.020 tote:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ocument's effective date on the Department of State's records.  The erecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. |  |                                      |
| ffective date, if other than the date of filing:   |  |                                      |
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| ffective date, if other than the date of filing:   |  | K131                                 |
| ffective date, if other than the date of filing:   |  | ON C                                 |
| ffective date, if other than the date of filing:   |  | ~ ~ ~ ~                              |
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| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.  | ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this   |                                      |
| The 90th day after the record is filed.  | seament's effective date on the Department of State's fections.  |                                      |
| ated December 1, 2016.   |  | .m. on the earlier                   |
|  | ated December 1, 2014.   |                                      |
| Signature of a member or authorized representative of a member   | 5 2 Charles  |                                      |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00