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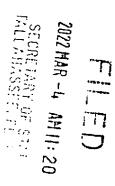
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## **COVER LETTER**

TO: Registration Se Division of Cor			
	ERTIES LLC		•
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	GREGORY M SIEH		
		Name of Person	<del></del>
		Firm/Company	
	705 Bay Esplanade		
		Address	
	Clearwater FL 33767		
	gregsich@gmail.com	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c	all:	
Gregory Sich		319 981 0000 at ()	
Name of	Person Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
Mailing Address	<u>u</u>	Street Address:	

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SEA PROPERTIES LLC

company has been notified in writing of this change.

(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 Compar	19 were filed on Au	g 1, 2001 and assigned	
Florida document number 1.01000016654			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company he	<u>re</u> :	
SEAS CONDOS LLC			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the de	esignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	<u></u>		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our re	cords, enter the name of the new register	
agent and/or the new registered office address here:			
Name of New Provinced Assets			
Name of New Registered Agent:			
New Registered Office Address:	12 12		
	Enter Florida street address		
	City	Florida Zip Code	
North fact the state of the sta		Zip Code	
New Registered Agent's Signature, if changing Registered Agen			
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and complete			
accept the obligations of my position as registered agent as			
being filed to merely reflect a change in the registered offic	re address, I hereb	v confirm that the limited liability	

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
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			□Change
			□ Add
			□Remove
			□Change
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		□Remove	
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			□Change
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			□Change

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Effective date, if other than th If an effective date is listed, the date mu. Note: If the date inserted in this b document's effective date on the I	block does not me	eet the applicabl	date of filing or more the statutory filing rec	(optiona han 90 days after filin quirements, this dat	l) g.) Pursuant to 605,0207 (i c will not be listed as th
e record specifies a delayed effecti	ve date, but not a	n effective time	, at 12:01 a.m. on th	ne earlier of: (b)	he 90th day after the
rd is filed.					
rd is filed.  Dated Feb 28	,	2022	,		
rd is filed.	72.	2022			
rd is filed.	M. Signature of a me		ed representative of a	niember	

Filing Fee: \$25.00