L05000049825

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600240654476

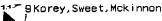
10/30/12--01002--009 **30.00

FILED
3ECRETARY OF STATE
9IVISION OF CORPORATIONS

C. LEWIS

0CT 3 0 2012

EXAMINER



ROBERT KIT KOREY, P.A. KOREY, SWEET, MCKINNON & SIMPSON Attorney and Counselors at Law

Robert Kit Korey, P.A.
Jeffrey C. Sweet
Noah C. McKinnon, Jr., P.A.
Scott E. Simpson, P.A
Abraham McKinnon
R. Kevin Korey
Adam K. Dunn

Sulte A, Granada Oaks Professional Building 595 West Granada Boulevard Ormond Beach, Florida 32174 Telephone (386)677-3431 Telefax (386)673-0748

FAX COVER SHEET

TO:

Carolyn Lewis

FAX#:

850-245-6030

RE:

Articles of Amendements

DATE:

October 29, 2012

FROM:

Carleen R. Jones, Legal Assistant

PAGES:

3

Carolyn

Please let me know if these need to be corrected or changed before they can be filed. The second check will go out tonight.

Carleen R. Jones, Legal Assistant to Robert Kit Korey, Esq. 386-676-5666 direct 386-677-3431 x 227 386-673-0748 fax carleen@koreylawpa.com - e-mail

ARTICLES OF AMENDMENT DIVISION OF CORPORATIONS TO ARTICLES OF ORGANIZATION 20 OCT 29 PM 3: 04 OF

(Name of the Limited)	Palms Prop	erties LLC nv as It now appears lability Company)	on our records.)	<u>.</u>
The Articles of Organization for this Limited Lia Florida document numberL050000498		were filed on	May 19, 2005	and assigned .
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
Se	ea-Wave Pro	perties LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company	," the designation "L	LC" or the abbreviation
nter new principal offices address, if applicable:		5995 Seminole	Woods Drive	
Principal office address MUST BE A STREET ADDRESS)		Port Orange, F	L 32127	
Enter new mailing address, if applicable:		5995 Seminole	:	
(Malling address MAY BE A POST OFFICE BOX)		Port Orange, F	L 32127	
B. If amending the registered agent and/or registered agent and/or the new registered of I	i <u>ce address her</u>	<u>e</u> :	r records, enter th	o name of the new
Name of New Registered Agent:	James W. P	aytas, Sr.		
New Registered Office Address:	5995 Seminole Woods Drive			
	_		r Florida street addr	
	Po	ort Orange, City	, Florida	32127
New Registored Agent's Signature, if changing Re	egistered Agent:	City		Zip Code
I hereby accept the appointment as registered the provisions of all statutes relative to the pro accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this c	oper and comp ered agent as p egistered office	lete performance of provided for In Cha	my duties, and I at pter 608, F.S. Or, t	m familiar with and If this document is

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	Name	Address	Type of Action
_			Add Remove
_			Add Remove
			Add Remove
			Add Remove
_			Add Remove
_			Add Remove
ame: 	nding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessa	(.ימו
_			
-		· · · · · · · · · · · · · · · · · · ·	28 % O. 38 % O
- d_	am W. Gayta s	nber or authorized representative of a member	28 OCT 29 PM

Page 2 of 2

Filing Fee: \$25.00