## L050000 92101

(Re	questor's Name)	<del></del>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2017 SEP 29 AH 10: 21

OCT O 4 2017 J. HARRIS

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:S	eabreeze W Name of Lim	eath Managerited Liability Company	net uc
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Rober	Name of Person	<del></del>
	Seabvec	ye wealth M	anasent LC
	6751 H	Federal High	anasent LC way, Suite 302
	Boca K	Caten, Fi 33	487
	rtothe av	City/State and Zip Code  Medican portion lice to be used for future annual report notifi	ication)
For further information co	ncerning this matter, please ca	all:	
Rob Tot	Person	at ( <u>SOl</u> ) 276 - Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 15, 2017

ROBERT TOTH 6751 N FEDERAL HWY STE 302 BOCA RATON, FL 33487

SUBJECT: SEABREEZE WEALTH MANAGEMENT, LLC

Ref. Number: L05000092101

2017 SEP 29 AM 10: 21

We have received your document for SEABREEZE WEALTH MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Section 5 (b) has not be completed.

The entity's date of incorporation/organization must be listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 017A00018864



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	calth management LIC
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L05000921</u> 0	pany were filed on $9/19/2005$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Suite 302 Boxa Raten FC 33487
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	50: to 302 Boca Ratin, Fi 33487
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, <u>enter the name of the new</u> <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address: 675	1 M. Federal Hwy #302  Enter Florida street address
Boco	Enter Florida street address  a Rates  City  Florida  A Sip Code
New Registered Agent's Signature, if changing Registered Ag	
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

記録の

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 **Address Type of Action** Name Panela J. Toth 6751 H. Federal Hury DAdd Suite 302 Boca Rates, Fr. 33487 DRem Change □ Add □ Remove ☐ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove Change Change A Control of the Change □ Add ☐ Remove \_□ Change

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Page 3 of 3

Filing Fee: \$25.00