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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

Division of Co							
SUBJECT:	Seaspra	ayredux, LLC	,				
	Name of Limit	ed Liability Company					
The enclosed Articles of	of Amendment and fee(s) are sub	nitted for filing.					
Please return all corresp	condence concerning this matter t	to the following:					
	John S. King, Esq.						
Scolaro, Shulman, Cohen, Fetter & Burstein, P.C							
Firm/Company							
	507 Plum Street, Suite 300						
	Address						
	Syracuse, New York 13204 City/State and Zip Code						
	E-mail address: (to be used for future annual report notification)						
For further information	concerning this matter, please ca	ill:					
	on S. King, Esq.	at (315) Area Code & Daytim	471-8111 Telephone Number				
		·	·				
Enclosed is a check for	the 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVISION OF CORPORATIONS

· · · · · · · · · · · · · · · · · · ·	SEASPRAYE	REDUX, LLC			
(<u>Name of the Limite</u>	d Liability Compa	ny as it now appear	rs on our records.)		
(A Florida Limited I	Liability Company)	;·		
The Amiles of Our winding Countries I'm A	1.1.112	C1 1	02/06/2006		
The Articles of Organization for this Limited		were filed on	02/06/2006	and assigned	
Florida document number L0600001	3315				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if appli	464 Goldengate Point, Unit 304				
(Principal office address MUST BE A STRE	Sarasota, FL 34236				
Enter new mailing address, if applicable:	464 Goldengate Point, Unit 304				
(Mailing address MAY BE A POST OFFICE	Sarasota, FL 34236				
B. If amending the registered agent and registered agent and/or the new registered o	or registered of	fice address on o <u>e</u> :	ur records, <u>enter tl</u>	he name of the new	
Name of New Registered Agent:					
New Registered Office Address:	464 Golden	gate Point, Unit	304		
		Enter Florida street address			
		Sarasota	, Florida	34236	
		City		7in 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 608, 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

Iî 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:

MGR = Manager

MGRM = Managing Member **Address** Type of Action Title Name ☐ Add Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Eric Mower Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00