

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
·		
		26
	Office Use Only	



02/05/07--01051--011 **25.00

COVER LETTER

Division of Corporations	
SUBJECT: SEABREEZE RESIDENCIES ,LLC	
(Name of Limited Liability Company)	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
BEN BABAZADEH	
(Name of Person)	0
SEABREEZE RESIDENCIES ,LLC	FILL PM 2: 30 SECRETARY OF STATE TALLAHASSEE. FLORIDA
(Firm/Company)	8-1
PO.BOX 244,	-5 PI ETARY (HASSEE
(Address)	H 2
DAYTONA BEACH, FL 32115	TATE AND A
. (City/State and Zip Code)	-
For further information concerning this matter, please call:	
BEN BABAZADEH at (386) 212-8175	
(Name of Person) (Area Code & Daytime Telephone	Number)
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	0 Filing Fee, te of Status & Copy tal copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

SEABREEZE RESIDENCIES, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on 01/10/2007 and assigned document number L07000003764	FILED PH 2: 30
SECOND:	This amendment is submitted to amend the following:	SSEE OF PH.
	BEN BABAZADEH WILL BE THE ONLY MANAGING MEMBER OF	- F. 31
	SEABREEZE RESIDENCIES , LLC.	
	THE NEW MAILING ADDRESS FOR LLC IS:	
	PO.BOX 244, DAYTONA BEACH, FL 32115	
		_
		_ _
		i
Dated	,	
	$\mathbb{R} \mathbb{R} \setminus \mathbb{R}$	
	Signature of a member or authorized representative of a member	
	BenB de 2 a de Typed or printed name of signee	;

Filing Fee: \$25.00