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AFFINANCE OF LORS



COVER LETTER

ΓΟ: Registration Se Division of Cor			, a
SUBJECT: Sec	Ray 360 Name of Limi	LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	The second
Please return all correspo	ndence concerning this matter	to the following:	G.S.
	Rigo	Name of Person	
		Firm/Company	
	622 NH	18th Homesfeed	FC 33030
	/tomest	ed FL 33030 City/State and Zip Code	
		sagri// 18 6 gmail. (d	
For further information co	oncerning this matter, please ca	ill:	
Rigobors Name o	Fanan de Person	at (<u>78b</u>) <u>226</u> Area Code Daytime	- 6977 : 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)	☐ \$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

Sea	Ray 36	60 LLC	•	E A
(Name of the Limited I	Liability Compa Florida Limited I	ny as it now appears o Liability Company)	n our records.)	15 S
The Articles of Organization for this Limited Liabi Florida document number <u>L 07 00000</u>		were filed on <u>5</u>	1/21/2018	and assigned
This amendment is submitted to amend the followi	ing:			<u> </u>
A. If amending name, enter the new name of th	e limited liab	ility company here	• •	
N	/A			
The new name must be distinguishable and contain the words	s'"Limited Liabil			
Enter new principal offices address, if applicabl	e:	Rigobe	cto Felman	dez
(Principal office address MUST BE A STREET A	ADDRESS)	622 A	/W 18th	
		<u> Itomestea</u>	ad, FL 33.	dez_ 030
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office	e address her	<u>e</u> :		r the name of the nev
Name of New Registered Agent:	Kig	oberto Feri 22 NW 18	Mndez	
New Registered Office Address:	6	∂∂ NW 18 Enter Florida	street address	
	Homes	tead	Florida _	33030
_		City		Zip 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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

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 ·Title <u>Name</u> <u>Address</u> Type of Action 622 NW 18th Homes fact, FC WAdd Rigoberto Fremandez □ Remove □ Change MGR Vladmir Alburne 860 NE 2 place Hicleah, FL 33010 □ Change ☐ Add ☐ Remove _□ Change □ Add ☐ Remove Change _□ Add □ Remove _□ Change □ Add □ Remove ∟□ Change

) If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
(If an ef Note:	five date, if other than the date of filing:
f the re b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	8/14/2019 L () V
	Signature of Member or authorized representative of a member Licobecto Fernon dez-