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SECRETARY OF STATE

D. SCOTT MAR 6 2017

## **COVER LETTER**

TO: Registration Se Division of Co		,	
SUBJECT: Sec	ahorse Commo	enties of South are ited Liability Company	ist florida, LIC.
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	STEVE 1	BACARDI, MANAS  Name of Person	ING MEMBER
		COMMONITIES OF 2	
	5625 St	rand B/vd #509 Address	
		Address	
	NAPLES	,FL. 34110	
	Steve baca	City/State and Zip Code  Code	ation)
For further information of	oncerning this matter, please ca		
Steve Be	,	at (239) 272-1	2387
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	S55.00 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

Seahorse Communities	of Southwe	st Horida	ill.	
(Name of the Limite	d Liability Company a A Florida Limited Liabi	it now appears on or lity Company)	uf records.)	
The Articles of Organization for this Limited Lia Florida document number <u>LOTOOIZ</u>	ability Company wer	12	10/2007	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability	company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liability C	ompany," the designat	tion "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applica	ble:			· -
(Principal office address MUST BE A STREET	ADDRESS)			) 
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B			A SSEE	FILED A 6 41
B. If amending the registered agent and/o registered agent and/or the new registered off  Name of New Registered Agent:  New Registered Office Address:	ice address here:	Bacara Fand Bi	lí vd. \$509	name of the new
	Naples	Emer Pioriua Sire	, Florids 4//	Dip 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. 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

	Authorized Person(s) authorized to a from our records:	manage, <u>enter the title, name, and address of ea</u>	ch person being add
MGR = MARIE AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
lember	Wendy Blas	·	Add
	I	5625 Stand Blvd #509 Naples, Fl. 34110	Remove
		- Traples, Fr. 57110	Change
ember	United Reulty and Consulting, LIC		Add
	onsubling, Lill	3050 SIRUS ANE #104 LAS VEGES/NV 89102	Remove
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lote: If	the date inserte	d in this bloc	k does not i	meet the app	olicable sta	tutory filing	requiremen	nts, this date	will not be liste	d as
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee