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DIVISION OF CORPORATIONS
OF JAN -5 AH 8: 43

J. BRYAN

JAN - 6 2009

EXAMINER

## **COVER LETTER**

	gistration S ision of Co	Section orporations	•	•		
SUBJECT: (Name of		ea Bridge USA, LLC ability Company)				
The enclosed	d Articles o	f Amendment and fee(s) are su	bmitted for fili	ng.		
Please return	all corresp	condence concerning this matte	r to the followi	ng:		
		<del></del>	Nancy	Brenner		
			Sea Bri	dge US, LLC		OP JA
			577 W	/illow Walk Place	· · · · · · · · · · · · · · · · · · ·	DIVISION OF CORPORALION
		<del></del>	Saint A	ugustine, FL 32086	<del>/</del>	8: 4:30 E
For further in	nformation	concerning this matter, please	call:			
Nar	ncy Brenner		at (	) (904) 669-4076		
Enclosed is a	a check for	the following amount:				
□ \$25.00 Fi	iling Fee	Certificate of Status	Certifi	Filing Fee & ed Copy onal copy is enclosed)	□\$60.00 Filing Fee, □ Certificate of State Certified Copy (additional copy is	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahasses FI 32314			STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center	ons		

Tallahassee, FL 32301

هم الم

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Sea Bridge USA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

/	The Articles of Organization for this Limited Liability Company were filed on 10/17/08 and assigned
	Florida document number <u>L08000097909</u> .
	This amendment is submitted to amend the following:
	A. If amending name, enter the new name of the limited liability company here:
/	Sea Bridge US, LLC
	The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviatio "L.L.C."
	Enter new principal offices address, if applicable:
	(Principal office address MUST BE A STREET ADDRESS)
	Enter new mailing address, if applicable:
	(Mailing address MAY BE A POST OFFICE BOX)
	B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
	Name of New Registered Agent:
	New Registered Office Address:
	(Enter Florida street address)
	, Florida
	(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 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)

If 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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	OF JAN -5 AM 8: 40
Dated	12 - 10 - , 20		<b>.</b>
	Signature of a member	r or authorized representative of a member  BRENNER  or printed name of signce	

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Filing Fee: \$25.00