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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SEP 29 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PAYTON SEA, 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:

MANUEL JAVIER SIVINA-DULANTO  
Name of Person

PAYTON SEA, LLC  
Firm/Company

21300 SAN SIMEDON WAY, UNIT P-9  
Address

MIAMI, FL 33179  
City/State and Zip Code

mobilecapt@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANUEL J. SIVINA DULANTO at (305) 342-1099  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

PAYTON SEA, LLC.

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(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 Jan. 30, 2009 and assigned Florida document number L09000009939

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

21300 San Simeon Way  
Unit P-9  
Miami, FL 33179

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

21300 San Simeon Way  
Unit P-9  
Miami, FL 33179

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:

Manuel J. Sivina-Dulanto

New Registered Office Address:

21300 San Simeon Way, Unit P-9

Enter Florida street address

Miami

City

Florida

33179

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, 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 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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HELENE COHEN	2345 N.E. 27 <sup>th</sup> Street	<input type="checkbox"/> Add
		Lighthouse Point, FL 33064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Manuel J. Sivia-Dulanto	21300 San Simeon	<input checked="" type="checkbox"/> Add
		Way, Unit P-9	<input type="checkbox"/> Remove
		MIAMI, FL 33179	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

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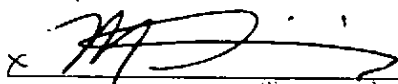
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 15, 2021

x 

Signature of a member or authorized representative of a member

MANUEL J. SIVIÑA-DULANTO, MANAGER  
Typed or printed name of signee

Filing Fee: \$25.00