

•				
(Requestor's Name)				
(Address)				
(values)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Certified copies Certificates of Status				
Special Instructions to Filing Officer:				
j '				
,				
·				

G. MCLEOD

OCT 14 2010

EXAMINER



600186373676

10/13/10--01010--013 **60.00

10 OCT 13 AM IO: 05
SECRETARY OF STATE

COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT:	SEA CAPITA	AL ADVISORS LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corre	espondence concerning this matter	to the following:		
		J. FRANCES Name of Person		
		Name of refou		
ANDBANC		WEALTH MANAGEMENT	LLC	
		Firm/Company		
	1221 BRIG	CKELL AVENUE, SUITE 15	50	
		Address		
		MIAMI, FL 33131		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	JFRA	ANCES@AWM.US.COM		
For further information	E-mail address: () on concerning this matter, please c	to be used for future annual report notific call:	cation)	
	-			
Nai	J. FRANCES ne of Person	at (302) Area Code & Daytime	962-4267 Telephone Number	
	or the 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/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cerual Tallahassee, FL 323	n ations nter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEA CAPITAL ADVISORS LLC

FILED 10 OCT 13 AM 10: 06

(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL0900050533	were filed onMAY 26, 2009 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
ANDBANC ADV	/ISORY LLC	
The new name must be distinguishable and end with the words "Limi" L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	1221 BRICKELL AVENUE, SUITE 1550	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33131	
Enter new mailing address, if applicable:	1221 BRICKELL AVENUE, SUITE 1550	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33131	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office 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 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 = Manager MGRM = Managing Member **Type of Action** <u>Title</u> **Address** <u>Name</u> MGRM SIMON E. AMICH **5787 N. BAY ROAD** ☐ Add MIAMI BEACH, FL 33140 ∇ Remove LIS.... **JOAQUIN FRANCES** MGR **55 SE 6 STREET APT 4302** ✓ Add ☐ Remove MIAMI, FL 33131 US_ MGR SIMON E. AMICH 5787 N. BAY ROAD 🗸 Add MIAMI BEACH, FL 33140 ☐ Remove US Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) OCTOBER 8 2010 Dated Signature of a member or authorized representative of a member J. FRANCES

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00