

L 0900005533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

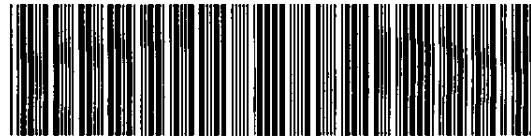
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EXAMINER



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FILED
10 OCT 13 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEA CAPITAL ADVISORS 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:

J. FRANCES

Name of Person

ANDBANC WEALTH MANAGEMENT LLC

Firm/Company

1221 BRICKELL AVENUE, SUITE 1550

Address

MIAMI, FL 33131

City/State and Zip Code

JFRANCES@AWM.US.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. FRANCES

Name of Person

at (302)

962-4267

Area Code & Daytime Telephone Number

Enclosed is a check for 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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10 OCT 13 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
our records.)

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

Page 1 of 2

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:

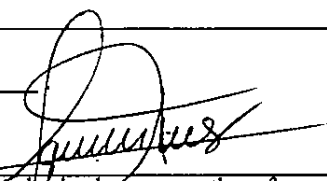
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SIMON E. AMICH	5787 N. BAY ROAD MIAMI BEACH, FL 33140 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JOAQUIN FRANCES	55 SE 6 STREET APT 4302 MIAMI, FL 33131 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	SIMON E. AMICH	5787 N. BAY ROAD MIAMI BEACH, FL 33140 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated OCTOBER 8, 2010



 Signature of a member or authorized representative of a member

J. FRANCES

 Typed or printed name of signee