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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

CUBIECE

Sea Life Realty 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:

Jason J Jones

Name of Person

Sea Life Realty LLC

Firm/Company

120 Hibiscus Ln

Address

Miramar Beach, FI 32550

City/State and Zip Code

jason@sealiferealty.com

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

For further information concerning this matter, please call:

Jason J Jones

,,,850<sub>,</sub>797-6227

Name of Person

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WINTER OF STATES

Sea Life Realty 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 Liabi	ility Company were filed on 05/26/2009	and assigned	
Florida document number L09000050901	·		
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company here:		
Destin Property Sales LLC			
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company," the design	nation "LLC" or the abbreviation	
Enter new principal offices address, if applicabl	le:		
(Principal office address MUST BE A STREET A	4DDRESS)		
	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO			
B. If amending the registered agent and/or registered agent and/or the new registered office	·	enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
_		rida	
	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				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
·			Add  Add  Remove  Add  Add  Add  Add  Add  Add  Add  A	
<del></del>			Remove	
			Add Remove	
			Add	
			Add Remove	

D. If amending any other in	nformation, enter change(s) here: (Attach additional sheets	s, if necessary.)
·		THE REPORT OF THE PARTY OF THE
		Service 3
Dated March 14th	, 2013	FORDE STATE
	Comment of the commen	<b>y</b>
	Signature of a member or authorized representative of a mem	ber
Jason J Jo		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00