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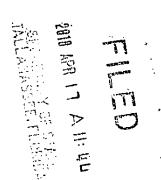
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COVER LETTER

TO: Registration Sec Division of Corp	tion orations	0.		
SUBJECT:	Name of Limi	wk Systems ted Liability Company	.	
The enclosed Articles of A	amendment and fee(s) are sub-	nitted for filing.		
Please return all correspon	dence concerning this matter t	to the following: An Aneson		
	Sea Ha	Name of Person ok Siptems	LCC	
	11995	Firm/Company FED HWY	SUITE 225	
•	BOCA RA	Address-	33432	
	E-mail address: (1	SEA HAWK - So be used for future annual report notifi	S/STEMS CONC leation)	Act was
For further information co	ncerning this matter, please ca	at 689 367	Telephone Number	J
Enclosed is a check for the	e 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:

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- 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

(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 7/9/2009 and assigned Florida document number L0900066310.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited	liability company here:		
SEA HAWK COM	PANY, LLC	/	
The new name must be distinguishable and contain the words "Limited I.	Liability Company," the designati	on "LLC" or the abbreviation	ı "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
			
Enter new mailing address, if applicable:		 	
(Mailing address MAY BE A POST OFFICE BOX)		F-16: Cm	
		23 3	LINDEA
		96 -	F. C.
B. If amending the registered agent and/or registered		records, enter the nai	në of the nev
registered agent and/or the new registered office address	<u>here</u> :		
Name of New Registered Agent:		gr E	
New Registered Office Address:			
	Enter Florida stre	et address	
		, Florida	
	City	Zip Ce	ode

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

Title Name Address Type of Action

Add

Remove

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Filing Fee: \$25.00