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Special Instructions to Filing Officer:

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**EXAMINER** 

Office Use Only



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SECRETARY OF STA

## **COVER LETTER**

	stration S sion of Co	ection <sup>3</sup> rporations	
SUBJECT:		SEA TE	CH & FUN, LLC
		Name of Lim	ited Liability Company
The enclosed	Articles of	Amendment and fee(s) are su	bmitted for filing.
Please return	all correspo	ondence concerning this matte	r to the following:
			William A. Jackson Name of Person
			Name of Leison
		William A	A. Jackson & Company CPA's
			Firm/Company
			905 E. Sarno Road
		-	Address
			Melbourne, FL 32935
			City/State and Zip Code
		YVESQQ ( E-mail address: (	to be used for future annual report notification)
For further inf	formation of	concerning this matter, please of	·
		ry Jane Smith	at ( 321 ) 394-1040 Extension 10  Area Code & Daytime Telephone Number
			· · · · · · · · · · · · · · · · · · ·
Enclosed is a	check for t	he following amount:	
<b>▼</b> \$25.00 Fili	ing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, 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

SEA	A TECH & FUN, LLC		
( <u>Name of the Limited Lial</u> (A Flor	bility Company as it now appearida Limited Liability Company)	irs on our records.	
The Articles of Organization for this Limited Liabili Florida document number	ity Company were filed on		and assigned
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability company he	re:	
SEA T	TECH & FUN USA, LLC		
The new name must be distinguishable and end with the 'L.L.C."	words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office and		our records, <u>enter tl</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ei	nter Florida street addr	<b>%</b> E SE <b>09</b>
-		, Florida	AR B
V. D. Jan. M. C.	City		Se Coae
New Registered Agent's Signature, if changing Regist	tered Agent:		- X

If Changing Registered Agent, Signature of New 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 Initial with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if the 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = 1	Managing Member		
Title	<u>Name</u>	Address	Type of Actio
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add
D. If amen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
			_ 
_			09 AUG 17 SECRETAR TALLAHASS
Dated	August 12Sh, 2	A achson	HETARY OF STATE AHASSEE FLORIDA
	William	or authorized representative of a member  A . Jack Son or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00