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**09 AUG 17 AM 11:43**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SEA TECH & FUN, 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:

William A. Jackson

Name of Person

William A. Jackson & Company CPA's

Firm/Company

905 E. Sarno Road

Address

Melbourne, FL 32935

City/State and Zip Code

yvesg@opt.com.pl

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

For further information concerning this matter, please call:

Mary Jane Smith

Name of Person

at ( 321 ) 394-1040 Extension 10

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

SEA TECH & FUN, LLC

(A Florida Limited Liability Company)

SEA TECH & FUN USA, LLC

Page 1 of 2

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SECRETARY OF  
TALLAHASSEE F  
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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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Dated August 12th, 2009.

William A. Jackson  
Signature of a member or authorized representative of a member

William A. Jackson  
Typed or printed name of signee

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**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**