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1/5 of 2

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : RING, BENDER, MCKOWN & CASTILLO, LLLP  
Account Number : I20120000014  
Phone : (786) 235-2030  
Fax Number : (786) 703-1481

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please**

Email Address: amckown@ringbenderlaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HIGH SEAS, LLC

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

HIGH SEAS, LLC

**SUBJECT:** \_\_\_\_\_  
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:**

**Aaron M. McKown**

Name of Person

Firm/Company

1 Alhambra Plaza, Suite 620

### Address

Coral Gables, FL 33134

City/State and Zip Code

amckown@ringbenderlaw.com

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

**For further information concerning this matter, please call:**

**Aaron M. McKown**

786

235-2030

at ( )

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 &  
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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(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

# TO ARTICLES OF ORGANIZATION OF

HIGH SEAS, 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 Liability Company were filed on 8/11/2009 and assigned  
Florida document number L09000077109.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

City, Florida

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 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

REMOVED FROM OUR RECORDS.

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Eric Milton	250 NW 23rd St #405	<input checked="" type="checkbox"/> Add
		Miami, FL, 33127	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lincoln Road Capital Partners	1 Alhambra Plaza, Suite 620	<input type="checkbox"/> Add
		Coral Gables, FL, 33134	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Altamare LLC	1233 Lincoln Rd	<input type="checkbox"/> Add
		Miami Beach, FL, 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 803.0207 (3a) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
 (b) The 90th day after the record is filed.

Dated 1/14, 2016

\_\_\_\_\_  
 Signature of a member or authorized representative of a member

Eric Milon

\_\_\_\_\_  
 Typed or printed name of signee