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SECRETARY OF STATE DIVISION OF CORPURATION

COVER LETTER

TO:	Registration Section Division of Corporat		
SUBJI	ЕСТ:	SEA N	JOTE LLC f Limited Liability Company
			• • •
The en	closed Articles of Amer	idment and fee(s) are	re submitted for filing.
Please	return all correspondence	ce concerning this ma	matter to the following:
		<	Sybil P. CONWESS Name of Person
	_	5	Firm/Company
		532	2 victoria Terr Address
		FT. L.	City/State and Zip Code Aw 315 0 Ao1. Com iress: (to be used for future annual report notification)
	_	E-mail addre	1 315 0 A61. COM liress: (to be used for future annual report notification)
For fu	rther information concer	ning this matter, plea	ease call:
	Sybil P Name of Person	CORNESS	at (954) 253 4519 Area Code & Daytime Telephone Number
Enclos	sed is a check for the following	lowing amount:	
\$2 :	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Statu	& \$55.00 Filing Fee & \$60.00 Filing Fee, tus Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

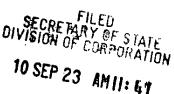
MAILING ADDRESS:

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



		- Mulli El
SEA	NOTE HC	·
(Name of the Limited Lia (A Flo	ability Company as it now appears orida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabilifordia document number 11000045	lity Company were filed on Ap	
This amendment is submitted to amend the following		al .
A. If amending name, enter the new name of the	e limited liability company here	N/A
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e: N/A	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	1 ' '	
B. If amending the registered agent and/or registered agent and/or the new registered office	-	r records, <u>enter the name of the new</u>
Name of New Registered Agent: V/A		
New Registered Office Address:	Ente	r Florida street address
-	Citv	, 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 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 **Type of Action** Title Name Address Marn JOHN W CONNESS 32 Victoria Tet Add audendale FL 33301 PROMOVE ☐ Add Remove ☐ Add Remove Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 22, 2010. Signature of a member or authorized representative of a member Sybil P. Cowvess Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00