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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I1999000006 : (407)425-7010 Phone : (407)425-2747 Fax Number

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

Email Address: __CORPORATE@ZKSLAWFIRM.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAGNOLIA FLORIDA TAX CERTIFICATES LLC

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COVER LETTER

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	istration Serision of Cor			
CUDICT.	MAGNOLI	A FLORIDA TAX CERTIFIC	ATES LLC	
SUBJECT: Name of Limi			ited Liability Company	
The enclosed	i Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		CHRISTINE L. WEINGA	RT, ESQUIRE	
			Name of Person	
		ZIMMERMAN KISER SU	JTCLIFFE, P.A.	
			Finn/Company	
		315 E. ROBINSON STREET, STE 600		
			Address	
		ORLANDO, FLORIDA 3	2801	
			City/State and Zip Code	
-		CORPORATE@ZKSLAW	FIRM.COM to be used for future annual report not	dication)
For further i	nformation c	oncerning this matter, please of		,
CHRISTIN	E L. WEING	ART, ESQUIRE	407 425-7010	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	ne following amount:		
₩ \$25.00 I	Filing Fee	S30.00 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)
	Registr Division P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Scoti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle

H180002895553

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAGNOLIA FLORIDA TAX CERTIFICATES L. (Name of the Limited Cinbility Com (A Florida Limite	LC npany as it now opposes on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on JULY 22, 2010	and assigned
Florida document number L10000077259		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
SEAHORSE PARTNERSHIP, LLC		
The new name must be distinguishable and comain the words "Limited Li	ability Company," the designation "LLC"	or the abbieviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS		
		·
Enter new mailing address, if applicable:		
(Malling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	d office address on our records,	enter the hange of the new
registered agent and/or the new registered office address l	<u>aere</u> :	RY AS
N		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	-	, ,
	City Floa	rida Zip Code
New Registered Agent's Signature, if changing Registered Age	•	- 1
		at
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and complaceept the obligations of my position as registered agent	lete performance of my duties, and	d Lam familiar with and

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

Page 1 of 3

H180002895553

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 = M $AMBR = A$	ísnager uthorízed Member		
Title	Name	Address	Type of Action
			□ Remove
			☐ Change
			□ Remove
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