# L10000127214

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	me)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700254900497

12/30/13--01002--023 \*\*25.00

JAN - 3 2014

2014 JAN - 2 PH 4: 02

2011 144 - 2 PH 4: 0

### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT.

SEACOAST 1012, 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:

# LEOPOLDO CARRENA

Name of Person

Firm/Company

PO BOX 143957

Address

CORAL GABLES, FL., 33114

City/State and Zip Code

polocarrena@gmail.com

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

For further information concerning this matter, please call:

# LEOPOLDO CARRENA

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 &
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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SE	Δ	$\cap$	$\cap$	Δ	SI	٦ 1	Ω1	12	1.1	l	$\sim$
$\sim$ L	$\overline{}$	${}^{\circ}$	v	_			v	<i>L</i> .	ட	ш.	LJ.

(Name of the Limited Liability Company as it now appears on our records.)

(A	Florida Limited L	iability Company)	,		
The Articles of Organization for this Limited Liability Company were filed on 12/13/2010 and assigned Florida document number L10000127214					
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of t	the limited liabi	lity company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company,"	the designation "LL		breviation
Enter new principal offices address, if applical	5151 COLLINS	AVE., # 101	2 2115	. ,	
(Principal office address MUST BE A STREET	MIAMI BEACH,	FL., 33140 -		•	
			12 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 10	1
		-		3	· .
Enter new mailing address, if applicable:		PO BOX 14395	7	F	
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>	CORAAL GABL	ES, FL., 331	14 🞖	
B. If amending the registered agent and/or registered agent and/or the new registered office.  Name of New Registered Agent:	ce address here			name of	the new
	5151 COL	_INS AVE., # 10	 12		
New Registered Office Address:	0101 002		orida street addres:	<u> </u>	
	MIAMI BEACH		Florida 3314	10	
		City	_, Florida <u>3314</u>	Zip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:				
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this change in the company has been notified in writing of the change in the	and complete pered agent as per gistered office of	performance of my dut rovided for in Chapter	ies, and I am fam 605, F.S. Or, if t	iliar with a his docume	ınd

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			<del></del>
			_
			LAdd
			Remove
		- <u> </u>	_ 温
		\$10 mm \$10 mm \$2 mm \$2 mm \$2 mm \$2 mm	.     ∆ d d .   .   .   .   .   .   .   .   .
		1	
		· · · · · · · · · · · · · · · · · · ·	FN 4: 0
		(4.2) (2.3) (5.3)	Add
			Remove
			_
			Add
			Remove
			Kemove
			Add
		<del></del>	Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets,	if necessary.)	
E. Effective date, if other than the date of fiting:  (If an effective date is listed, the date must be specific and cannot be more than 90 days after Dated MIAMI BEACH  Signature of a member or authorized representative of a member o		(3)(b)
Typed or printed name of signee  Page 3 of 3		
Filing Fee: \$25.00	1 <u>0</u> . 21. 113.	2014 JAN -2 PM 4: 02