1110000 41268

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	···· - ·- ·- ·- ·- ·- ·-
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Se Division of Co		•		
SUBJECT:	SEASHINE RE	AL ESTATE LLC - L11	000041265	
	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Migue	el Revello Name of Person		
	Mig	uel Revello P.A.		
	1865 I	Brickell Av A704		
	Mian	Address ni, Fl 33129	13 C	,
		City/State and Zip Code	050 20 Whites	
	E-mail address: (to be used for future annual report noti	(ivation)	
For further information of	concerning this matter, please of	eall:	nearion)	٠.,
			原分 第 編名 為	,
Migu	lel Revello of Person	at (<u>305-469-7</u>	'558 S	
Name o	of Person	Area Code & Daytin	ne Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Fee, Certificate of Status &	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SEASH	INE REAL ESTATE LLC		
(<u>Na</u>	me of the Limited Liability Com (A Florida Limite	pany as it now appea d Liability Company)	rs on our records.)	
The Articles of Organization f	or this Limited Liability Compa	ny were filed on	DECEMBER 17, 2013	and assigned
Florida document number	L11000041265			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited li	ability company he	re:	
The new name must be distingui "L.L.C."	shable and end with the words "L	imited Liability Comp	any," the designation "LL	.C" or the abbreviatio
Enter new principal offices a	address, if applicable:		,	
(Principal office address MU.	ST BE A STREET ADDRESS)			200 3
			-	量 3
Enter new mailing address,	if applicable:			**************************************
(Mailing address MAY BE A	POST OFFICE BOX)		7	·
			Nic.	<u> </u>
			D	
B. If amending the registered agent and/or the	ered agent and/or registered new registered office address h	office address on	our records, enter th	e name of the new
registered agent and/or the i	iew registered office address in	iere:		
Name of New Regist	tered Agent:			
New Registered Offi	ce Address:			
		Ei	nter Florida street addre	ess
	<u> </u>		, Florida	
		City		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 Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
MGR	PEDRO MAGGI	6205 BLUE LAGOON DR SUITE 130 MIAMI, FL 33126	X Add Remove
MGR	DEWAR, DIEGO R	6205 BLUE LAGOON DR SUITE 130 MIAMI, FL 33126	Add X Remove
			Add Remove
			Add Remove
			Add Remove
			Add
			Kemove

If amer	iding any other information	on, enter change(s) here: (Attach additional sheets, if neces	ssary.)
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_			
_		110000000000000000000000000000000000000	
 ted	DECEMBER 17	2013	
	Signature of a member or authorized representative of a member PEDRO MAGGI		

Page 3 of 3

Filing Fee: \$25.00

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