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SECRETARY OF STATE

SEP 11 2014 S. YOUNG

COVER LETTER

TO:

Registration Section Division of Corporations

SEA GREENE, L

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:

STUART I. GROSSMAN

Name of Person

LEVINE KELLOGG LEHMAN SCHNEIDER + GROSSMAN LLP

Firm/Company

201 S. BISCAYNE BLVD - 22ND

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

SIG@LKLSG.COM

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

For further information concerning this matter, please call:

Name of Person

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

SEA GREENE, L		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 5/16/11	and assigned
Florida document number L11000057570		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and end with the words "Limited Lia	bility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	·	ESS &
		SA T
		多数 上 二
Enter new mailing address, if applicable:		日
(Mailing address MAY BE A POST OFFICE BOX)		三世次 三
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		77
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		er the name of the nev
	_	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	7in 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

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address Type of Acti	<u>on</u>
MGR	ALISON COLBERT	95 NORTH COUNTY ROAD	
		PALM BEACH, FL 33480 Remove	
MGR ADRIANNE SILVER	95 NORTH COUNTY ROAD		
		PALM BEACH, FL 33480 Remove	
		□ Remove	
		SEP -	
		ORIDA FATE 12	
		□ Add	
		Remove	
		Remove	

it amending any other information, enter t	change(s) here: (Attach additional sheets, if necessary.,
, ,	
the date this document is filed by the Florida Departme	date of receipt or filed date and cannot be more than 90 days after
Dated August 25	
all 1	
EDWARD LEEVAN	a member or authorized representative of a member

Page 3 of 3

FILED

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Filing Fee: \$25.00