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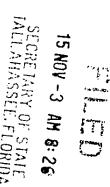
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## **COVER LETTER**

SUBJECT:		NE, LLC		
souszer.		Name of Limi	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Stuart I. Grossman, P.A.		
		Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  spondence concerning this matter to the following:  Stuart I. Grossman, P.A.  Name of Person  Levine Kellogg Lehman Schneider + Grossman LLP  Firm/Company  201 S. Biscayne Boulevard, 22nd Floor, Miami Center  Address  Miami, FL 33131  City/State and Zip Code  sig@lklsg.com  E-mail address: (to be used for future annual report notification)  on concerning this matter, please call:  are of Person  Area Code  Daytime Telephone Number		
	SEA GREENE, LLC  Name of Limited Liability Company  3 Articles of Amendment and fee(s) are submitted for filing.  1 all correspondence concerning this matter to the following:  Stuart I. Grossman, P.A.  Name of Person  Levine Kellogg Lehman Schneider + Grossman LLP  Firm/Company  201 S. Biscayne Boulevard, 22nd Floor, Miami Center  Address  Miami, FL 33131  City/State and Zip Code  sig@lklsg.com  E-mail address: (to be used for future annual report notification)  Information concerning this matter, please call:  Sisman  Name of Person  Area Code  Daytime Telephone Number  a check for the following amount:  Filing Fee  S30.00 Filing Fee & Certificate of Status  Certificate Copy  (additional copy is enclosed)			
		-	Firm/Company	
		Name of Limited Liability Company  Intendment and fee(s) are submitted for filing.  In		
			Address	
		Miami, FL 33131		
	e enclosed Articles of Amendment and fee(s) are submitted for filing.  asse return all correspondence concerning this matter to the following:  Stuart I. Grossman, P.A.  Name of Person  Levine Kellogg Lehman Schneider + Grossman LLP  Firm/Company  201 S. Biscayne Boulevard, 22nd Floor, Miami Center  Address  Miami, FL 33131  City/State and Zip Code  sig@lklsg.com  E-mail address: (to be used for future annual report notification)  Further information concerning this matter, please call:  art I. Grossman  Name of Person  Name of Person  Area Code  Daytime Telephone Number  closed is a check for the following amount:  \$25.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy			
		E-mail address: (	to be used for future annual report no	otification)
For further i	nformation co	oncerning this matter, please ca	all:	
Stuart I. Gro	ossman		at (	
*******	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00 1	Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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, LLC		
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
		and assigned
This amendment is submitted to amend the follow	wing:	
(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on original document number L11000057570  This amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  The new principal offices address, if applicable:  Trincipal office address MUST BE A STREET ADDRESS)  The new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B		
	<del></del>	NOV-
Name of New Registered Agent.		
New Registered Office Address:		~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	, Florid	la Control
	7 (6)	

## 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ADRIANNE SILVER	95 NORTH COUNTY ROAD	□ Add
		PALM BEACH, FLORIDA 33140	■ Remove
			☐ Change
MGR JE	JEFFREY B. GREENE	95 NORTH COUNTY ROAD	■ Add
		PALM BEACH, FLORIDA 33140	Remove
			Change
<del></del>			
			☐ Remove
			☐ Change
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E. Effective date, if other than the da (If an effective date is listed, the date must be Nate: If the date inserted in this block document's effective date on the Depa	ite of filling: specific and cannot be prior to date a does not meet the applicable sta	(optional) of filing or more than 90 days after filing.	Pursuant to 605.	.0207 (3)(E
the record specifies a delayed e ) The 90th day after the record	ffective date, but not an e d is filed.	ffective time, at 12:01 a.m. o	on the earlie	er of:
Dated	12, 2015.			
Si	mature of a member or authorized re	presentative of a member		
EDWARD LEEVAN				
	Typed or printed name	of signee	<del></del>	

Page 3 of 3

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