

L11000083646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

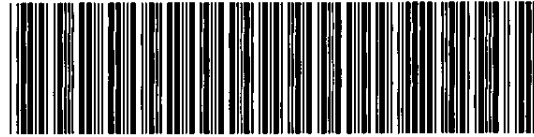
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 23 PM 2:05

B Tadlock AUG 23 2011

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Seabreeze 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:

Christina Barisonek
Name of Person

Seabreeze LLC
Firm/Company

11620 Navarro Way, #2405
Address

Fort Myers, FL 33908
City/State and Zip Code

tinab271@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Barisonek at (732) 271-1710 ext 101
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Tadlock, Brenda

From: Tadlock, Brenda
Sent: Tuesday, August 16, 2011 10:33 AM
To: 'TINAB271@GMAIL.COM'
Subject: SEABREEZE LLC - L11000083646

Mr./Ms. Barisonek,

This is to advise you that on July 20, 2011, effective July 18, 2011, we filed your limited liability company under the above referenced name, which was not available.

Therefore, we request that you file an amendment, at no charge, to change the name of your limited liability company to include an acceptable limited liability company suffix. Please click on the following link to download the appropriate form and instructions:

<http://form.sunbiz.org/pdf/cr2e049.pdf>

You may return the completed form via email to btadlock@dos.state.fl.us or fax the form to my attention at (850)245-6030. Or, if you prefer, you may mail it to me at the following address:

Brenda L. Tadlock, Registration Section
PERSONAL AND CONFIDENTIAL
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Please do not hesitate to contact me should you have any questions concerning this matter. I sincerely apologize on behalf of the Division of Corporations for this oversight.

Best wishes,

Brenda L. Tadlock

Brenda L. Tadlock
Sr. Section Administrator
Registration Section
Division of Corporations
(850) 245-6911

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Seabreeze LLC

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

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DIVISION OF CORPORATIONS
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The Articles of Organization for this Limited Liability Company were filed on July 20th, 2011 and assigned

Florida document number L11000083646

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Seabreeze Fort Myers LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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:

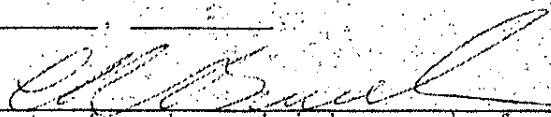
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____


Signature of a member or authorized representative of a member

Christina Barisonek

Typed or printed name of signee