

L11000083646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

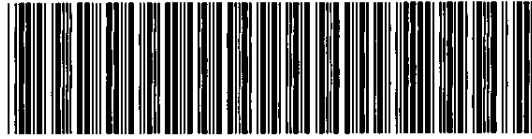
(Business Entity Name)

(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:

- \$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

**Tadlock, Brenda**

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**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](mailto: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

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

Seabreeze LLC

(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 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:

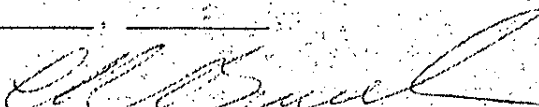
MGR = Manager  
MGRM = Managing Member

<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
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_____	_____	_____	<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