L12000019529

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12 JUN -7 AM 9: 57

JUN 1 3 2012 T. HAMPTON

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations					
SUBJECT: 900 Offices 1401-1402, LLC Name of Limited Liability Company					
•		Sea Blacking Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspond	ence concerning this matter	to the following:			
	YOLANDA KATON, LEGAL ASST.				
	Name of Person				
ALEX D. SIRULNIK, P.A.					
	Firm/Company				
•	2701 PONCE DE LEON BLVD. STE 202 Address				
	Address				
	CORAL GABLES, FL 33134				
	City/State and Zip Code				
,	YKATON@SIRULNIKLAW.COM E-mail address: (to be used for future annual report notification)				
For further information con-		·	····		
Tol future information con	cerning this matter, please c	dii.	•		
YOLAN	IDA KATON	at (_305_)	443-7211		
Name of Po	erson	Area Code & Dayti	me 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)	(additional copy is enclosed)		
MAILING ADDRESS: Registration Section		Registration Sect			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			

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

ARTICLES OF AMENDMENT TO FILED SECRETARY OF STATE ARTICLES OF ORGANIZATION VISION OF CORPORATIONS

OF

12 JUN -7 AM 9:57

	104 4400 110	,
900 OFFICES 1 (Name of the Limited Liability Compa- (A Florida Limited I	401-1402, LLC ny as it now appears on our reco	<u>rds.</u>)
(A Florida Limited 1	iability Company)	
The Articles of Organization for this Limited Liability Company	were filed onFebruary 9	, 2012 and assigned
Florida document number <u>L12000019529</u> .		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the desig	nation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:	2560 NE 190 St. #3	
(Principal office address MUST BE A STREET ADDRESS)	Aventura FL 33180	
Enter new mailing address, if applicable:	same as above	
(Mailing address MAY BE A POST OFFICE BOX)	,	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the nev
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:	L	
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp		

If Changing Registered Agent, Signature of New Registered Agent

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 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 Title. Name Address Type of Action MGR WALTER FISCHER 1000 E. Hallandale Beach Blvd. ☐ Add Hallandale Beach, FL 33009 Remove MGR NICOLAS DAYAN Add Remove 2560 NE 190 Street #3 Aventura_FL 33180 \square \land dd Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 24 2012 Signature of a member or authorized representative of a member Nicolas Dayan Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00