

L12000034836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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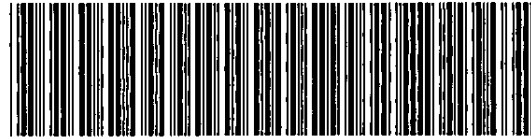
(Business Entity Name)

(Document Number)

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FILED
12 MAR 20 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Guiton MAR 21 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SEA COAST 302
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:

MARYBETH L. PULLUM

Name of Person

PULLUM & PULLUM, P.A.

Firm/Company

1330 W. CITIZENS BLVD., SUITE 701

Address

LEESBURG, FLORIDA 34748

City/State and Zip Code

JILL@PULLUMLAW.COM

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

For further information concerning this matter, please call:

MARYBETH L. PULLUM

Name of Person

at (**352**) **728-3060**

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED:
12 MAR 20 AM 11: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEA COAST 302
(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 March 12, 2012 and assigned Florida document number L12000034836.

This amendment is submitted to amend the following:

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

SEA COAST 302, 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:

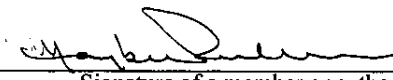
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NEHME GABRIEL	822 Ceasars Court Mount Dora, Florida 32757	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	NEHME GABRIEL, MD	1058 Caesars Court Mount Dora, Florida 32757	<input type="checkbox"/> Add <input checked="" 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.)*

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 12 MAR 20 AM 11:57
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated March 19, 2012



Signature of a member or authorized representative of a member

Marybeth L. Pullum

Typed or printed name of signee