

L12000037253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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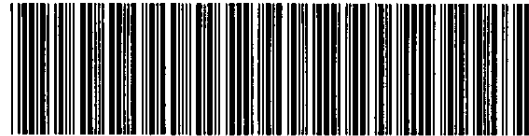
(Business Entity Name)

(Document Number)

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2014 OCT -9 P 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
OCT 14 2014
EXAMINED

SEAFARI E P, LLC

Via: UPS

October 8, 2014

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Seafari E P, LLC - File #L12000037255

Dear Sir or Madam:

Enclosed are the following forms:

- Articles of Amendment to Articles of Organization
- Statement of Resignation of Registered Agent for an LLC

Also enclosed is a check for \$85.00 for the Registered Agent Resignation fee; and a check for \$30.00 for the Articles of Amendment and Certificate of Status fees.

Our mailing address is 105 US Highway 1, North Palm Beach, FL 33408. Please call if you have any questions 561-844-5528.

Thank you for your assistance.



Kathy Wilton
Coordinator

Enclosures

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TALLAHASSEE, FLORIDA

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

SEAFARI E P, 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 6/14/12 and assigned Florida document number L12000037255.

This amendment is submitted to amend the following:

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

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)

105 US HWY 1
NORTH PALM BEACH
FLORIDA 33408

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

105 US HWY 1
NORTH PALM BEACH
FLORIDA 33408

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:

ROSS A. GOLDSTEIN, ESQ.

New Registered Office Address:

105 US HWY 1

Enter Florida street address

NORTH PALM BEACH, Florida

City

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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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOHN ROSATTI	105 US HIGHWAY 1 NORTH PALM BEACH FL 33408	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	PHILIP C. RESTINO	3920 RCA BLVD, STE 2001 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JOSEPH TILMA	3920 RCA BLVD, STE 2001 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MICHAEL J. PROVINES	3920 RCA BLVD, STE 2001 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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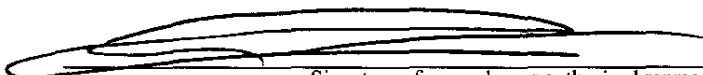
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 8, 2014.



Signature of a member or authorized representative of a member

JOHN ROSATTI

Typed or printed name of signee

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Filing Fee: \$25.00

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