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Office Use Only



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M. CAUSSEAUX JUN 1 4 2017

COVER LETTER

Division of Cor	rporations		
SUBJECT:	Seaward	T&X LLC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dingi	Ming Xie	
	Seawan	d Tlx LLC	
	9190	Nugent Trail	<u> </u>
	West Palm	Beach; FL 33 City/State and Zip Code Ofmail, Com to be used for future annual report not	41
	jeunifer Xie	@ gmail. Com	(Section)
For further information c	concerning this matter, please ca		
<u>Jennif</u>	er Xie	at (56) Area Code Daytin	4· ≥716 ne Telephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 266) Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pleas see the hext page

Seaward TXX (Name of the Limited Liability Companies) (A Florida Lii		our records.)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L 12000475</u>		,19/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited		N/A	e-3
The new name must be distinguishable and contain the words "Limited	I Liability Company," the design	ention "LLC" or the abbre	eviation "L. K.S.
Enter new principal offices address, if applicable:			3 92
(Principal office address MUST BE A STREET ADDRES	<u></u>	-N/A -	OF CORP
Enter new mailing address, if applicable:		. A _ /	8. 8.
(Mailing address MAY BE A POST OFFICE BOX)			8 7
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		r records, <u>enter th</u>	ne name of the new
Name of New Registered Agent:			·
New Registered Office Address:		NIT	
	Enter Florida s	treet address	
		, Florida	
	Ciţv		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 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Xiaodan Tang	9190 Nagent TRL. West Palm Beach	Add
		West Palm Beach FL 33411	□ Remove
			□ Change
			□ Remove
		/	□ Change
		/	□ Remove
			N SE CR
			SECRETARY OF CO
		/ 	
			RPOS ATTOM
			☐ Remove
			Change
			Remove
			☐ Change

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Effective date,	if other than the date of filing:	9/2017 (optional)	605 O
Note: If the dat	is fisted, the date must be specific and cannot be prior to da inserted in this block does not meet the applicable trive date on the Department of State's records.	statutory filing requirements, this date will not be	listed
document s ene	tive date on the Department of State S records.		
	cifies a delayed effective date, but not ar	n effective time, at 12:01 a.m. on the ea	ırlier
	y after the record is filed.		
Dated6	19/2017		
)	
		d representative of a member	-

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Filing Fee: \$25.00