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COVER LETTER

SEASTONE OF DELRAY 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: Deborah Maffeo		tion Section of Corporations					
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: Deborah Maffeo	SUBJECT: SEASTONE OF DELRAY LLC						
Please return all correspondence concerning this matter to the following: Deborah Maffeo	Solution.	Name of Lim	ited Liability Company				
Deborah Maffeo Name of Person Seastone of Delray LLC Firm/Company PMB 227, 9658 Glades Rd., D-3 Address Boca Raton, FL 33434 City/State and Zip Code debi@seastoneofdelray.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Deborah Maffeo at (561) 2150541 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee \$ Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed)	The enclosed Artic	cles of Amendment and fee(s) are su	bmitted for filing.				
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\$25.00 Filing Fee \$\ \times \text{S55.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\text{Certified Copy}\$	1	Name of Person	Area Code & Daytime	Telephone Number			
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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

SEASTONE OF			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	07/27/2012	and assigned
Florida document numberL12000097746			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compa	ny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	10666 Crystal	Lake Dr	
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, F	FL 33428	72 ST
	· · · · · · · · · · · · · · · · · · ·		- FO 및 T
Enter new mailing address, if applicable:			ASSEE.
(Mailing address MAY BE A POST OFFICE BOX)			
			ORA .
)
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:		·	
New Registered Office Address:			
	Em	ter Florida street a	daress
	City	, Florida _	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 **Address Type of Action** <u>Title</u> <u>Name</u> MGRM Charles J. Esposito 10634 Crystal Lake Dr. ₽ Add Remove Boca Raton, FL 33428 ☐ Add Remove Remove ☐ Add Remove $\square \Lambda dd$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 15th Signature of a member or authorized representative of a member Typed or punted name of signee

Page 2 of 2

Filing Fee: \$25.00