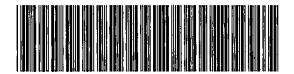
# L12000 110350

(Address)  (Address)  (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  L12000110350  LLC.  Wrong Form

Office Use Only



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2016 JAN 28 PH 2: 01
SELECTION OF STATE

J. HARRIS

### **COVER LETTER**

	ration Section on of Corpora		•		
SUBJECT:	SEA	AIR	MANAGEN	AFNT LLC	
			Name of Limi	ted Liability Company	
The enclosed A	rticles of Ame	ndment a	nd fee(s) are subr	nitted for filing.	
Please return all	corresponden	ice conce	rning this matter t	to the following:	
	-	R	BERT D	LOVEALL Name of Person	
	_	S	EA AIR I	MANAGEMENT 1 Firm/Company	.16
	_	7	57 SE	17TH STREET -	SUITE 326
	-	۲	T LAUDI	ERDALE, FL 33 City/State and Zip Code	316
	_		E-mail address: (t	o be used for future annual report	notification)
For further info	rmation conce	rning this	matter, please ca	_	,
140 <u>u</u>	Name of Pers	ol Se	ON, CPA	at (321) 951 Area Code Day	- 0036 rtime Telephone Number
Enclosed is a ch	neck for the fo	llowing a	mount:		
□ \$25.00 Filir	ng Fee 🗆		Filing Fee & icate 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



RECEIVE

2016 JAN 28 PM 12: 55

# FLORIDA DEPARTMENT OF STATE RETARY OF STATE Division of Corporations [ALLAHASSEE, PLORIDA

December 22, 2015

ROBERT D LOVEALL 757 SE 17TH STREET SUITE 326 FT LAUDERDALE, FL 33316

SUBJECT: SEA AIR MANAGEMENT LLC

Ref. Number: L12000110350

We have received your document for SEA AIR MANAGEMENT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 015A00026746

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MANAGE MENT

(A I	lorida Limited Lia	ability Company)	)			
The Articles of Organization for this Limited Liabi		vere filed on 4	08/27/	2.01/2	and as	ssigned
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liabili	ity company l	<u>iere</u> :			
The new name must be distinguishable and contain the words	s "Limited Liabilit	y Company," the	designation "LLC" of	or the abbrevi	ation "I	L,L,C."
Enter new principal offices address, if applicable	e:			2- ; B	J:20-	
(Principal office address MUST BE A STREET A	(DDRESS)			3.7	¥ 28	ina m
				FE STATE	FM 2: 0	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)	<u>x)</u>			<u>₩</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	<u>address here</u> :	:	·		name	of the nev
Name of New Registered Agent:	Rose	RY D.	LOVEALL			<u>.</u>
New Registered Office Address:	757		TW STREET orida street address	<u> - 518</u>	3	26
-	FT LAU	DER DALS	É, Flor	ida <u>33</u>	<u> </u>	<b>)</b>

#### 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, enter the title, name, and address of each person\_being added or removed from our records:

MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			Change
			□ Add
			Remove
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ective date, if other than (	the date of filing:		(0	optional)
n effective date is listed, the date tele. If the date inserted in this	must be specific and cannot	be prior to date of filing	g or more than 90 days	after filing.) Pursuant to 605.03
cument's effective date on the			,B . e de e	,
record specifies a delay The 90th day after the r		out not an effect	ive time, at 12:0	01 a.m. on the earlier
ne John day after the f	ecord is med.			
ted )an 12	20	16		
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	//60 5.			
	Signature of a member	or authorized represen	itative of a member	
		<u>-</u>		603° 65
		D. Lov	ea 11	ARY C

Page 3 of 3

Filing Fee: \$25.00