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Office Use Only



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2012 DEC 19 AMÍL: 16
SECRETARY OF STATE
TALLAHASSEE: FLORIDA

T. CLINE
DEC 20 2012
EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

SEALOGS, 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:

Michael A. Baviello, Jr., Esquire

Name of Person

MICHAEL A. BAVIELLO, JR, PA

Firm/Company

800 Seagate Drive, Suite 204

Address

Naples, FL 34103

City/State and Zip Code

mabjr@baviellolaw.com

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

For further information concerning this matter, please call:

Michael A Baviello Jr

Name of Person

_{31/}239₁434-6644

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

SEALOGS, LLC			
(Name of the Limited	d Liability Compa A Florida Limited I	ny as it now appears on a Liability Company)	our records.)
The Articles of Organization for this Limited I	iability Company	were filed on Decem	ber 17, 2012 and assigned
Florida document number <u>L12000156703</u>	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
SEALOG, LLC			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	N/A	20 SE TA
(Principal office address MUST BE A STRE	ET ADDRESS)		EC 20
·			
			SSEE TO
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BOX)			
			<u>D</u> H -
B. If amending the registered agent and registered agent and/or the new registered of			ecords, <u>enter the name of the new</u>
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter F	orida 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 = M MGRM =	anager Managing Member		/
<u>Title</u>	Name	Address	Type of Action
			Add Add
			Remove
			Add
			Remove
			2012 DEC 9 MARIE 11 SEGRETARY OF STATE FALLANHASSEE: ELORID
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SECRETARY OF STAT	2012 DEC 19 AM Tu	*****
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>'</u>	N/A
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	Welet W
	Signature of a member or authorized representative of a member
	Michael A Baviello, Jr., Esquire/Authorized Representative
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00