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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Do	ocument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Division of Corpo	rations		
SUBJECT: Sea	glass Prop	erty Manageur ited Liability Company	ent, LCC
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
		Maria C. Mo.	eo
		Name of Person	
	Sea	Slass Property	Megut
	[035	S. State Rol 7	#315.7
	\mathcal{L}	ellington, FL3	3414
	E-mail address: (1	ellington, FL3 City/State and Zip Code na-Seaglass Egw to be used for future annual report notifical	ion)
For further information con	cerning this matter, please ca	all:	
<u>Cristina</u> Name of P	MOVO	at (561)215-1 Area CodeDaytime Te	604 Elephone 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)

TO:

Registration Section

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

· ·	F11
ARTICLES OF O	RGANIZATION 2
O .	$F = \frac{Q_{16}H_{AV}}{2}$
Sea glass Propert (Name of the Limited Liability Compa) (A Florida Limited L.)	Management Lattary of SEE STATE in ability Company)
The Articles of Organization for this Limited Liability Company	were filed on 1112013 and assigned
Florida document number <u>L1300006268</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
	NIA
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
	4
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new:
Name of New Registered Agent:	N/A
New Projectored Office Address	
New Registered Office Address:	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

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 = Ma $AMBR = Aa$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Felipe J. GALLING	1035 S State 1227	™ ∧dd
		Ste 315-7 Wellington, FL 33414	□ Remove
			☐ Change
			Add
			☐ Remove
		- Company Comp	Change
		THE THE	Add
			Change Add Remover Remover Giange
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	e date, if other than the date of filing: (optional)
te: I	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
cume	nt's effective date on the Department of State's records.
reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
ne s	Oth day after the record is filed.
	5/2/16
ted _	$\frac{3/210}{}$, $\frac{1}{2}$.
	Signature of a prember or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00