L13000091582

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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D. BRUCE

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Sea Ha	ven 419, LLC		
SUBJECT.	Name of Limi	ted Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
		eresa Akel		
		Name of Person	_	
	Akel Co	mmercial Properties, LL0		
		Firm/Company		
	2950 Ha	alcyon Lane, Suite	205	
		Address		
	Jackso	nville, Florida 322	23	2019 OCT
	TeresaA	City/State and Zip Code kel@AkelProperties.con	n	
	E-mail address: (t	o be used for future annual report notificati	on)	်) ျိုင်း ကြို့တို့ က ကြို
For further information	concerning this matter, please c	all:		
Te	eresa Akel	904 ₃ 708-270	4	F: 55
Name	of Person	Area Code & Daytime Te	lephone 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)	Certified (of Status &

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

Sea I (Name of the Limited Liability (A Florida)	Haven 419, LLC	ars on our records.)	····
The Articles of Organization for this Limited Liability C Florida document numberL13000091582		June 25, 2013	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company he	ere:	
The new name must be distinguishable and end with the wor"L.L.C."	rds "Limited Liability Comp	pany," the designation	LLC" or the abbreviation
Enter new principal offices address, if applicable:			F-17 20
(Principal office address MUST BE A STREET ADDI	RESS)		
			Section Company
			<u>%</u> ₹
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			02 4: ()
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street ad	dress
		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u> <u>1</u>	ype of Action
MGRM	ASA Partnership, LLLP	12744 Edenbridge Court	Add
		Jacksonville, Florida 32223	Remove
MGR	Teresa Akel	12744 Edenbridge Court	Add
		Jacksonville, Florida 32223	Remove
MGRM	Teresa Akel	12744 Edenbridge Court	Add
		Jacksonville, Florida 32223	Remove
			Add
		TANKS STANKS	Remove
		74 TE (18)	55 Add
			Remove
			Add
			Remove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
	Detahar 9 0 2013
d	Ferlea B. akel
	Signature of a member or authorized representative of a member
	Teresa B. Akel
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00