## L 15000014696

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

1015 AUG 19 PM 3: 2

K. SALY EXAMINER AUG 20 2015

## **COVER LETTER**

TO:	Registration Se Division of Cor			
CIDDI		LORIDA LLC		
SUBJ	JECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		JOSE BELLO		
			Name of Person	
		W	Firm/Company	
		1331 BRICKELL BAY D	R 708	
			Address	And the second s
		MIAMI FL 33131		
			City/State and Zip Code	
		JOSEBELLO9@GMAIL.	<b>COM</b> to be used for future annual report notific	notion)
For fu	ırther information co	oncerning this matter, please co	·	varion;
JOSI	E BELLO		305 502-7120	
	Name of	f Person		Telephone Number
Enclo	sed is a check for th	ne following amount:		
<b>■</b> \$:	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**

FILED 2015 AUG 19 PM 3: 24

SEALINEFLORIDA, LLC

(A Florid	da Limited Liability Company)	AHASSEE, FLORE
The Articles of Organization for this Limited Liability	Company were filed on 01/26/2015	and assigned
Florida document number L15000014696	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
SEALINE FLORIDA, LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		rds, enter the name of the r
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street addi	ress
	, l	Florida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agen	t and agree to act in this capacity. I	further agree to comply with

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 = N $AMBR = A$	GR = Manager MBR = Authorized Member		FILED	
<u>Title</u>	<u>Name</u>	Address	2015 AUG 19 PM 3: 24	Type of Action
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tive date, if other than the date of filing:	(optional)
ffective date is listed, the date must be specific and cannot be prior to d If the date inserted in this block does not meet the applicable	e statutory filing requirements, this date will not be liste
ment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not a e 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earlie
AUGUST 9	
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	ed representative of a member

Page 3 of 3

Filing Fee: \$25.00