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## **COVER LETTER**

T(		gistration Se ision of Cor		<i>r</i>	
en:	вјест:	Seashade, L	LLC		
30	DJEC1.		Name of Lim	ited Liability Company	
			Amendment and fee(s) are sub	-	
i, ie	ase return	ran correspo	Douglas A. Cohen, CPA	to the following:	
			Account-it Consulting Serv	Name of Person vices. LLC	
			11248 Westland Cir	Firm/Company	
			Boynton Beach, FL 33437	Address	
			dougc@account-it,net	City/State and Zip Code	
				to be used for future annual report notif	ication)
For	further in	iformation co	oncerning this matter, please ca	all:	
Do	uglas A. (	Cohen		954 592-8630 at ( )	
		Name of	f Person	at () Area Code Daytime	Telephone Number
Ene	closed is a	check for th	ne following amount:		
	\$25.00 F	iling 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

Seashade, LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
the Articles of Organization for this Limited Liability Company were filed o	n 05/06/2015 and assigned
orida document number L15000079756	
nis amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability compar	ıy here:
oca Shade, LLC	· • • • • • • • • • • • • • • • • • • •
e new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
ater new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	<u> </u>
	<u>.,,                                   </u>
ter new mailing address, if applicable:	
lailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office addres	s on our records, enter the name of the
gistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Ente	r Florida strect address
	, Florida
Cin	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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than effective date is listed, the date te: If the date inserted in this ument's effective date on the	nust be specific and block does not m	cannot be prior to di sect the applicable	ate of filing or more statutory filing r	than 90 days after	i <b>onal)</b> r filing.) P is date wi	ursuant to 605.0
record specifies a dela he 90th day after the r	red effective do ecord is filed.	ate, but not a	n effective tim	e, at 12:01 a	a.m. or	n the earlier
October 16		2018				
727		·				
con t	- <del>Las</del>		3			
	Signature of a n	icinder or authorize	d representative of	a member		
<b>i</b>		- 4 - 11		$\triangle O(1)$		

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Filing Fee: \$25.00