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(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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Amend

NOV () 2 2019

I ALBRITTON

## **COVER LETTER**

Division of Corp	orations		
SUBJECT: Southe	ern Seastish Ca Name of Limi	inch Lability Company	
	amendment and fee(s) are sub-	~	
Please return all correspon	dence concerning this matter t	to the following:	
	ERIC Run	ON CONTRACTOR OF Person	
	Southermse	asfish Compau	ILC.
	565 Bonit	2 Auguss	<del></del>
	Key Largo.	Florida 3303 City/State and Zip Code	37
	Capterici80 E-mail address: (1)	o be used for future and report notifical	tion)
For further information co	ncerning this matter, please ca	dl:	
Eric Rund	g(ev)	ar (305) 509 -	3094
Name of	rctSpn	Area Code Daytine 16	dephone 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:

TO:

Registration Section

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

Southern Seasti	Sh C	ompany	LLC records)	
( <u>Name of the Limited Lial</u> (A Flor	rida Limited Li	ability Company)	,	
The Articles of Organization for this Limited Liability Florida document number <u>LISO</u>	y Company v	were filed on May	29,2015	_ and assigned
This amendment is submitted to amend the following				
A. If amending name, enter the new name of the li	imited liabil	lity company here:		
NA				
The new name must be distinguishable and contain the words "I	imited Liabili	ty Company," the designation	on "LLC" or the abbre	ciation "L.L.C."
Enter new principal offices address, if applicable:		NA		
(Principal office address MUST BE A STREET AD	DRESS)			
Enter new mailing address, if applicable:		NA		
(Mailing address MAY BE A POST OFFICE BOX)				_ ·
			<del>-</del> -	
				<del></del>
B. If amending the registered agent and/or re- registered agent and/or the new registered office a			records, <u>enter the</u>	name of the new
Name of New Registered Agent:	IR-			
Maine of New Negistered Agent.	- 1 1	<del></del>	<del></del>	
New Registered Office Address:	<del></del>	Enter Florida stree	at a t to an	
		ълист глогии Мес	a adaress	
<del></del> -		City	Florida	Zip Code
		$\epsilon uy$		гар соне

#### 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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
ANDER	Meliesa Kernek	565 Bonito Ave	Add
		565 Bonito Ave Keylango Ha 33037	🗆 Remove
			Change
<del> </del>			
			□ Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
T. Effective date, if other than the date of filing:
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of b) The 90th day after the record is filed.
Dated 10-7-2019 . October 7th 2019
Manual Manual Signature of a member or authorized representative of a member
ERIC Rundgren Topol or printed name of signee

Page 3 of 3

Filing Fee: \$25.00