15000118804

(Re	equestor's Name)					
(Ac	ddress)					
(Ac	ddress)					
(Ci	ity/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(Bu	usiness Entity Name)					
(Dc	ocument Number)					
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
2017 JUL 31 RM R: 85 SEUNE WEER FOR BAR	Office Use Only					
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ALLAHASSEE FLOADS

HARRIE

COVER LETTER

TO: Registration S Division of Co					
CL'D INCT	EMERALD SI	EAS INVESTORS LL	C C		
SUBJECT:	Name of Lin	nited Liability Company		 	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		PEDRO P. SAEZ			
		Name of Person			
		SAEZ & ASSOCIA	ATES		
		Firm/Company	<u>.</u>		
	777 1	 BRICKELL AVENUE 	E, SUITE 1110		
		Address			
		MIAMI, FL 33	31		
		City/State and Zip Co	ode		
		PSAEZ@SAEZLĄ			
		to be used for future ann	mal report notifica	ation)	
For further information	concerning this matter, please c	all:			
MARIELA VECCHIO		305 at ()	3580028		
Name	of Person	Area Code	Daytime T	elephone Number	
Enclosed is a check for t	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy is	•	☐ \$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			
		Clifto	Clifton Building		
		2661 Executive Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMERALD SEAS INVESTORS LLC

any as it now appears on our records.) Liability Company)
were filed on 07/09/2015 and assigned
pility company here:
lity Company," the designation "LLC" or the abbreviation "L.L.C."
201 A
ffice address on our records, enter the name of the ne:
, Florida
ee to act in this capacity. I further agree to comply with to performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address. I hereby confirm that the limited liability
1

Page 1 of 3

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** MARIA CLARICE DULCETTI 800 BRICKELL KEY DRIVE MGR **■** Add #2901 ☐ Remove MIAMI, FL 33131 ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove _□ Change Remove
31
Change ☐ Remove

□ Change

D. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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E. Effec	ctive date, if other than the date of filing:	
(If an e <u>Note</u> :	effective 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 6 in this block does not meet the applicable statutory filing requirements, this date will not be liment's effective date on the Department of State's records.	
	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlie 90th day after the record is filed.	lier of:
Dated	d July 28 2017	
	- Dan Electrical Elect	2011
	Signature of a member or authorized representative of a member	E M
	PEDRO P. SAEZ	ω
	Typed or printed name of signee	
		AH IO: 39
	Page 3 of 3	ມ ໝາ
	Filing Fee: \$25.00	