

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (950) 617-6383

From:  
Account Name : HAILE, SHAW & PFAFFENBERGER, P.A.  
Account Number : 076326003550  
Phone : (561) 627-8100  
Fax Number : (561) 622-7603

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: JGARLINGE@GMAIL.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SEA OF GREEN, LLC**

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2017 AUG -7 PM 1:15

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17 AUG -7 AM 11:49  
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SEA OF GREEN, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 14, 2015 and assigned  
Florida document number L15000174991.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

AUSTIN JAMES CONSULTING LLC

New Registered Office Address:

233 EAGLETON ESTATES BLVD

Enter Florida street address

PALM BEACH GARDENS

Florida 33418

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 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

Aug. 7. 2017 11:41AM

No. 1810 P. 3  
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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>	<u>Address</u>	<u>Type of Action</u>
MGR	JAMES E GARLINGE	4500 PGA BLVD	<input type="checkbox"/> Add
		SUITE 301A	<input checked="" type="checkbox"/> Remove
		PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Change
MGR	AUSTIN JAMES CONSULTING LLC	233 EAGLETON ESTATES	<input checked="" type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PATRICK T MURPHY	4500 PGA BLVD	<input type="checkbox"/> Add
		SUITE 301A	<input checked="" type="checkbox"/> Remove
		PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Change
MGR	CHRIS HEINE	4500 PGA BLVD	<input checked="" type="checkbox"/> Add
		SUITE 301A	<input type="checkbox"/> Remove
		PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Dated July 19, 2017

Signature of a member or authorized representative of a member

James E. Garlinge  
Typed or printed name of Signer