

LE000177289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200279296012

11/23/15--01012--001 \*\*25.00

FILED  
15 NOV 23 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 24 2015  
S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SEABREEZE PROPERTY GROUP LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBIN TURNER MEIRELES

Name of Person

Seabreeze Property Group LLC

Firm/Company

PO Box 1149

Address

Palm Beach FL 33480

City/State and Zip Code

R.TURNER @ LANGREALTY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Meireles

Name of Person

at (561) 267-5888

Area Code

Daytime Telephone 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:

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

FILED  
15 NOV 23 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TO  
ARTICLES OF ORGANIZATION  
OF**

SEABREEZE PROPERTY GROUP, 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 10/19/2015 and assigned Florida document number L15000177289.

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:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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**

(See next page please)

FILED  
15 NOV 23 PM 4:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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          | ROBIN TURNER MEIRELES | PO Box 1149         | <input checked="" type="checkbox"/> Add |
|              |                       | Palm Beach FL 33480 | <input type="checkbox"/> Remove         |
|              |                       |                     | <input type="checkbox"/> Change         |
|              |                       |                     | <input type="checkbox"/> Add            |
|              |                       |                     | <input type="checkbox"/> Remove         |
|              |                       |                     | <input type="checkbox"/> Change         |
|              |                       |                     | <input type="checkbox"/> Add            |
|              |                       |                     | <input type="checkbox"/> Remove         |
|              |                       |                     | <input type="checkbox"/> Change         |
|              |                       |                     | <input type="checkbox"/> Add            |
|              |                       |                     | <input type="checkbox"/> Remove         |
|              |                       |                     | <input type="checkbox"/> Change         |
|              |                       |                     | <input type="checkbox"/> Add            |
|              |                       |                     | <input type="checkbox"/> Remove         |
|              |                       |                     | <input type="checkbox"/> Change         |
|              |                       |                     | <input type="checkbox"/> Add            |
|              |                       |                     | <input type="checkbox"/> Remove         |
|              |                       |                     | <input type="checkbox"/> Change         |
|              |                       |                     | <input type="checkbox"/> Add            |
|              |                       |                     | <input type="checkbox"/> Remove         |
|              |                       |                     | <input type="checkbox"/> Change         |

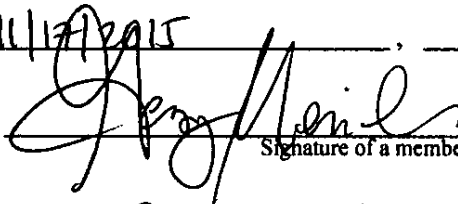
FILED  
15  
NOV 2 PM 53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Lined area for document content.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an 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 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 11/17/2015  
  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
GEORGE J METREUX  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
15 NOV 23 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA