L15000189532

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	- · · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
Certified Copies		s of Status





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FILED Oct 03, 2016 08:00 AM Secretary of State

SEP 2 8 2016

· PULKER



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 17, 2016

CHARISSE ROSS 3400 15TH AVE SW NAPLES, FL 34117 US

SUBJECT: SEA THE WORLD TODAY LLC

Ref. Number: L15000189532

We have received your document for SEA THE WORLD TODAY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is A29085.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 916A00017444

COVER LETTER

FILED Oct 03, 2016 08:00 AM **Secretary of State**

TO: Registration Section **Division of Corporations**

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

Please return all correspondence concerning this matter to the following:

Charisse Ross
Name of Person
Sea the World Today LLC Firm/Combany
3400 15th AVE SW
Naples, FL 34117 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Charisse Ross at (360) 213-8034 Name of Person Area Code Daytime Telephone Number
Name of Person 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1- (a.a) 1 TT a d.

FILED Oct 03, 2016 08:00 AM Secretary of State

Name of the Limited Liability Com (A Florida Limite		r records.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 15000189532</u>	ny were filed on <u>Nove</u>	ember 9, 2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list Primarera L.L.C. The new name must be distinguishable and contain the words "Limited Lia"		ion "L.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Same	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Sana	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		records, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida stre	et address
	City	, Florida
New Registered Agent's Signature, if changing Registered Agen	,	nih com
The state of the s	_	

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
MGR	Vicky Baker	661 10th St.SE	Add
		Naples, FL	Remove
			Change
<u> </u>			
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ective date, if other the effective date is listed, the entry of the date inserted the ument's effective date	in this block does n	of meet the applic:	ible statutory filing re	quirements, this da	ie wili not be-iisteu i
record specifies a he 90th day after	delayed effectiv the record is file	ve date, but no ed.	t an effective tim	e, at 12:01 a.m	on the earlier
Sept 2	7,	_,2016		`	
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Page 3 of 3

Filing Fee: \$25.00