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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
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COVER LETTER

то:	Registration Division of C	Section orporations		
SHRIE	MSEAM CT:	ERS LLC		
30000	CI		ited Liability Company	
The cncl	losed Articles o	of Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all corres	pondence concerning this matter	to the following:	
		MARYVONNE MILEO		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		MSEAMERS LLC		
			Firm/Company	
		7282 55TH AVE E #160		
			Address	
		BRADENTON FL 34203		
			City/State and Zip Code	
		MARK.MCHAYLE@MILI		
		E-mail address: (t	to be used for future annual report noti	fication)
For furth	ner information	concerning this matter, please ca	all:	
MARY	VONNE MILE	0	at ()	0231
	Name	of Person	Area Code Daytim	e Telephone Number
Enclosed	d is a check for	the following amount:		
□ \$25.	00 Filing Fce	☐ \$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**

MSEAMERS LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
for this Limited Liability Company were filed on 4-11-2016	and as
6000071403	

	ability Company were filed on 4-11-2016	and assigned
Florida document number 116000071403	·	
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of	the limited liability company here:	
SAME		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/o registered agent and/or the new registered off	or registered office address on our records, gice address here:	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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 News

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	MARYVONNE MILEO	7282 55TH AVE E	
		BRADENTON FL 34203	■ Remove
			☐ Change
			□ Remove
			Change
			□ Add
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		····	□ Remove
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		AUGUST 30, 2016		
Effectiv If an effec	e date, if other than the date of the date is listed, the date must be specificative date is listed.	iling:	(optional) re than 90 days after filing.) Pursuant to	605.0207 (
Note: 1	f the date inserted in this block does	not meet the applicable statutory filing	requirements, this date will not be	listed as t
aocume	nt's effective date on the Department	of State's records.		
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	90th day after the record is fil	ve date, but not an effective tir led.	ne, at 12:01 a.m. on the ea	arner or
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Dated _	8/23/1	/6		
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			\$ 3 mm	- * *
	Signature	of a member or authorized representative of	· · · · · · · · · · · · · · · · · · ·	Enthermater. L'Albertager.
	MARK MCHAYLE		NRY ASSI	m
		Typed or printed name of signee		-
			·***	
			1: 98 STATE LORIDI	
		Page 3 of 3		

Filing Fee: \$25.00