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SECRETARY OF STATE OF ALLAHASSEE, FLORIDA

JUN 0 8 2016 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: S	eacoast 7	11 LLC		
		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		•
	Kenne-	M Danas Name of Person		
	Hodorno-Cu	Firm/Company		. 70
	1000 Bii	-Kell Ave, suit	e 1005	SECRETARS
	Mian:	F133131 City/State and Zip Code		ass taid
	E-mail address:	Dacofirm. com	ication)	AH 10: 44
For further information of	oncerning this matter, please ca	all:		
Kenne	M Danas	at (305) 381 Area Code Daytime	- 9 99 9 Telephone Number	_
Enclosed is a check for the	he 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 For Certificate of Society Certified Copy (additional copy is	Status &
	ING ADDRESS:	STREET/COURIE		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sea coast 7	II LLC	_
(Name of the Limited Liability (A Florida l	Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 511	4/14 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
		2 F 7
Enter new mailing address, if applicable:		<u>6 887, </u>
(Mailing address MAY BE A POST OFFICE BOX)		3 in Si
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B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t 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

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> Name **Address** Type of Action Christian Silvestre 2000 Parcede Leon Blud BAdd Suite LOO Coral Gubbes, F133134 MGR Edmundo Kranfle 2000 Ponce de leon Blud Exercito Suite 600 ☐ Remove Coral Gables, Fl 33/34 Change _□ Add □ Remptve _□ Add 罡 ☐ Remoire _□ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change

				
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te: If the date inserted in this block does it	ic and cannot be prior to not meet the applicab	le statutory filing requir	onents, this date will not	t to 605.0 be listed
ument's effective date on the Department	t of State's records.			
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Filing Fee: \$25.00