

L16000175276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

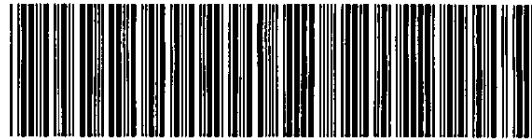
(Business Entity Name)

(Document Number)

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12/06/16--01018--034 \*\*43.75

01/09/17--01001--001 \*\*60.00

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17 FEB -2 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

FEB 8 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 6, 2017

MARIE JEAN BAPTISTE  
2040 NE 163RD ST NO 302B  
NORTH MIAMI BEACH, FL 33162

SUBJECT: SEA VIEW REALTY & INVESTMENT LLC.  
Ref. Number: L16000175276

RECEIVED  
2017 FEB -2 PM 1:27  
TALLAHASSEE, FLORIDA

We have received your document for SEA VIEW REALTY & INVESTMENT LLC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The form you submitted is for a FL CORPORATION, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 717A00000375

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SEAVIEW REALTY & INVESTMENT L.L.C.  
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:

MARIE JEAN BAPTISTE  
Name of Person

SEA VIEW REALTY & INVESTMENT L.L.C.  
Firm/Company

2040 NE 163<sup>RD</sup> ST. suite # 302B  
Address

NORTH MIAMI BEACH, FL. 33162  
City/State and Zip Code

mjeanbaptiste95@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIE JEAN BAPTISTE at (786) 897-2965  
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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SEA VIEW REALTY & INVESTMENT 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 09/20/2016 and assigned Florida document number 216000175276

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:

2040 NE 163<sup>rd</sup> St. Suite # 302 B  
Enter Florida street address  
NORTH MIAMI BEACH, Florida 33162  
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**

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17 FEB 11 21  
STATE  
TALLAHASSEE  
FLORIDA

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Blank lined area for amending information, crossed out with a large wavy line.

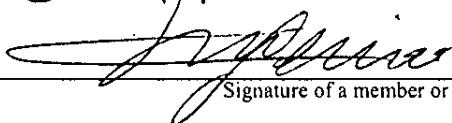
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 1-30-17, \_\_\_\_\_



Signature of a member or authorized representative of a member

MARIE JEAN BAPTISTE

Typed or printed name of signee

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