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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
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Certified Copies	Certificate	s of Status
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K. SALY JUL 2 5 2017

COVER LETTER

TO: Registration Sec Division of Corp			
Saebrook Tr	ading Co LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
	Alan S Goedert		
		Name of Person	 _
	Seabrook Trading Co		
		Firm/Company	
	PO Box 1642		
		Address	•
	St Augustine FL 32085		
		City/State and Zip Code	
	seabrookgroup@comcast.ne	t o be used for future annual report notifie	estion)
For further information c	oncerning this matter, please ca	11:	
Alan S Goedert		904 315-1884 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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 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**

FIL	ED	
2017 JUL 20	PRING	

Seabrook Trading Co., LLC	IAI	Chesapo
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our records.)	CAR JARY OF STATE LAHASSEE, FLORIDA
he Articles of Organization for this Limited Liability Clorida document number L17000075396	Company were filed on <u>04/04/2017</u>	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	nited liability company here:	
Seabrook Financial Group LLC		
he new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Principal office address MUST BE A STREET ADD	<u>RESS)</u>	
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, dress here:	enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	

	, Flor	nda 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.

City

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: FILED MGR = Manager 2017 JUL 20 PF 4:59 AMBR = Authorized Member Type of Action Address Name Title □ Add ☐ Remove ☐ Change ☐ Remove __ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change _ 🗆 Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00