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DIVISION OF COM COMMICKS

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COVER LETTER

Division of Corporations
SUBJECT: Sorth Seas Tomes, LLC 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:
M. chael Tromas
South Sec-stomes, L-LC Firm/Company
27225 - Jolly Reger Cn.
Bornta Donnes FL 3435 City/State and Zip Code M JV Thomas @Me. com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
MIVThomas @Me.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Thomas at (239) 247.3344 Nume of Person Area Code Daytime Telephone Number
Nume of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Stat

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

South Seas H	tomes, LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number \(\begin{align*} \lambda \frac{17000}{757} \text{.}\\\ \end{align*}	vere filed on 4.4.17	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile South Seas D The new name must be distinguishable and contain the words "Limited Liability"	evelopment, Ll	
Enter new principal offices address, if applicable:		2 3
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		OF COM CONTROLS
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		ne name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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