117000118786

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	···
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Eiling Officer	
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SECRETARY OF STATE

COVER LETTER

TO		gistration Se vision of Cor					
CIT.	n wen.	SEAMAX,	LLC				
Su	BJECT:		Name of Limi	ted Liability Company			
Th	e enclosed	d Articles of	Amendment and fee(s) are subr	nitted for filing.			
Ple	ease return	all correspo	ndence concerning this matter t	o the following:			
			DIEGO SAMPAIO				
				Name of Person			
			COMPANY COMBO, LLC				
				Firm/Company			
			8600 COMMODITY CIR	STE 121			
				Address			
			ORLANDO, FL 32819				
				City/State and Zip Code		_	
INFO@COMPANYCOMBO.COM							
			E-mail address: (t	o be used for future annual r	eport notification)		
Fo	r further in	nformation co	oncerning this matter, please ca	11:			
D	EGO SAI	MPAIO		866 428	3-2030		
Name of Person Area Code Daytime Telephone Number					er		
En	closed is	a check for th	e following amount:				
	\$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certific osed) Certifie	Filing Fee, cate of Status & ed Copy al 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

SEAMAX, LLC						
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number L17000118786 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab		_ and assigned				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbre	eviation "L.L.C."				
Enter new principal offices address, if applicable:	1511 Aviation Center Parkway					
(Principal office address MUST BE A STREET ADDRESS)	Daytona Beach, FL 32114					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ne name of the new				
Name of New Registered Agent:		SECTION TALL				
New Registered Office Address:	Enter Florida street address	SEP 22 AHASSE				
	, Florida	m _s m				
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office	ee to act in this capacity. I further agre performance of my duties, and I am far provided for in Chapter 605, F.S. Or, if	niliar with and this document is				
company has been notified in writing of this change.	mairess, i nerevy conjunt that the time	си нигину				

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Shalom Confessor A. do Amaral	8291 Thames Blvd apt C	■ Add
		Boca Raton FL 33433	_□ Remove
			□ Change
			Add
			Remove
			□ Change
			Add
			□ Remove
			Change
			Add
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			□ Change

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	D.	. If an	ending any other information,	enter chan	ge(s) here:	(Attach addi	ional sheets, i	f necessary	.)	
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	E.	Effec	ive date, if other than the date	of filing:			((optional)		
		(If an e	fective date is listed, the date must be sp	pecific and can	not be prior to	date of filing or	more than 90 day	s after filing.)	Pursuant to 605.	020
		Note docu	If the date inserted in this block duent's effective date on the Departs	oes not meet ment of State	the applicab 's records.	le statutory fil	ing requirement	s, this date v	vill not be liste	d a
			•							
	If	the re	cord specifies a delayed effo	ective date	e, but not a	an effective	time, at 12:	01 a.m. d	on the earlie	ro
	(b) Th	90th day after the record i	s filed.						
			SEPTEMBER STU	7	017					
		Date	SEPTEMBER 5TH			.•	ve of a member			
				(,	The Washing	Lunton	muelala			
			Sign	ature of a men	ber or authori:	ed representati	ve of a member			

Page 3 of 3

Typed or printed name of signee

GILBERTO DA CUNHA TRIVELATO

Filing Fee: \$25.00