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(Re	equestor's Name)	
(A.		
(AC	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
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SECRETARY OF STATE DIVISION OF CORPORATION

N COOPER JUL 13 2018

COVER LETTER

10:	Division of Cor			
SUBJE	SEA ES TA	A, LLC		
3015715	<u> </u>	Name of Lim	ited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please t	return all correspo	indence concerning this matter	to the following:	
		SAVANNAH DWYER		
			Name of Person	
		SEA ES TA, LLC		
			Firm/Company	
		705 HARBOUR POINT	DRIVE	
			Address	
		NORTH PALM BEACH,	FL 33410	
			City/State and Zip Code	
		SDWYER111@HOTMAI	L.COM to be used for future annual report notif	
Kar Gree	har information a	oncerning this matter, please c		ncation)
MATH/	ALIE GENDRON	<u> </u>	561 401-2602 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	ne 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

SEA ES TA, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our record nited Liability Company)	ds.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 4/26/2018	and assigned
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 ADDRES	(5)	. 8 Visi
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		23 23
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		is, enter the name of the new
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street addres	z.v
		orida
	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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	KRISTEN RAINEY	375 BEACH RD, UNIT 303	
		JUPITER, FL 33469	■ Remove
		Kristenrainey77@gmail.com	D.Ch.
			□ Add
			П Кеточе
			Add
		Remove	
		·	Change
		Add	
			Change
			☐ Remove
			□ Change
			Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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E. Effective date, if other than the date of filing:	
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier b) The 90th day after the record is filed.	r of:
Dated July 7 2018	
Signature of a member or authorized representative of a member	
NATHALIE GENDRON	

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Typed or printed name of signee

Filing Fee: \$25.00