# L18000131872

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DIVISION OF CERTONOLOGICAL

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### **COVER LETTER**

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	Registration Sec Division of Corp					
cupura	~=`	ACIFIC LLC				
SUBJEC	.1:	Name of Lim	ited Liability Company	<del></del>		
The encle	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		ALVARO PATINO				
Name of Person						
		HISPANIC FINANCIAL 1	ΓΑΧ			
Firm/Company						
		7401 WILES RD SUITE	126			
		· · · · -	Address			
		CORAL SPRINGS FL 33	3067			
City/State and Zip Code						
		APATINO@HISPANICTA	XINC.COM to be used for future annual report notifies	vion)		
For furth	er information co	oncerning this matter, please ca	•	,		
ALVAR	ONITAG		954 509-3745			
	Name of	Person	at () Area Code Daytime T	elephone Number		
Enclosed	is a check for th	e following amount:				
<b>\$25.0</b>	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

#### SEASIF PACIFIC LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florid	a Limited Liability Company)	<del>_</del>		
The Articles of Organization for this Limited Liability ( Florida document number L18000131872	Company were filed on 05/25/2018	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD)	RESS)			
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Established Manager Manager				
Enter new mailing address, if applicable:	<del></del>	29 E 10 5		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	<del>_</del>		
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:		s, enter the name of the new		
New Registered Office Address:				
new registered office radioss.	Enter Florida street addre	Enter Florida street address		
	. Fi	lorida		
	City	lorida Zip Code		
New Registered Agent's Signature, if changing Registere	ed Agent:			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete performance of my duties, a igent as provided for in Chapter 605, ed office address, I hereby confirm th	nd I am familiar with and F.S. Or, if this document is		
	If Changing Registered Agent, <u>Signature</u>	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>	Address	Type of Action
MGR	ANTOANELA CHIRITESCU	7401 WILES RD STE 126 COR/	<b>≡</b> Add
			□ Remove
			Change
<del></del>			🗆 Add
			□ Remove
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. Effective	date, if other tha	n the date of fi	iling: _ <i>06</i> /	124/2018	·	(optional)	
(ii an eneci	ive date is listed, the date inserted in	are musi be specific	anu cannot be pi	aor io auc oi mini	; or niote man 90 da	ys after filing.) Purst	iant to 605.02
	's effective date on				ming requiremen	its, tills date will h	or be listed.
	d specifies a de			not an effect	ve time, at 12	2:01 a.m. on th	ne earlier
o) The 90	Oth day after th	e record is file	ed.				
06	/26/2018						
Dated			<del></del> ·	<u> </u>			
	_	7					

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Typed or printed name of signee

Filing Fee: \$25.00