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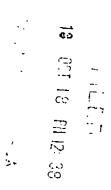
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COVER LETTER

TO:

Registration Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Div	ision of Cor	porations		
SUBJECT:	SEADRAU	LICS LLC.		
		Name of Limi	ited Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	ı all correspo	ndence concerning this matter	to the following:	
		ANNIA PATRICIA ARCHE		
		SEADRAULICS LLC.	Name of Person	
		17575 SW 29 STREET	Firm/Company	
		MIRAMAR FL. 33029	Address	~_11117.0
		SEADRAULICS@YAHOO.C		
Eise Grethae i	ntirmation o	E-mail address: (i oncerning this matter, please ca	to be used for future annual report notific	ation)
ANNIA P. A		oncerting this matter, prease co	786 281-9796	
		f Person	at (Telephone Number
Enclosed is:	a check for th	ne following amount:		
□ \$25.00 T	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)
		ING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEADRAULICS LLC.	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company we Florida document number L18000135493	ere 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 limited liability	y company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	
_	0 (1)
	-17 -27
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	, , , , , , , , , , , , , , , , , , ,
3. If amending the registered agent and/or registered office egistered agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, enter the name of the r
New Registered Office Address:	
Tren registered Office Address.	Enter Florida street address
	Florida
	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>	Address	Type of Action
AMBR	Irais Ricardo Pino	17575 SW 29 ST Miramar FI 33029	
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		16 17
		FF (
	05/25/2018	
(If an e Note:	tive date, if other than the date of filing:	Pursuant to 605,0207 (ill not be listed as th
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o e 90th day after the record is filed.	n the earlier of:
	October 15 2018 Unit	
) Th∉	October 15 2018 Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00