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COVER LETTER

SUBJECT:		PROPERTY INVESTORS, LL	.C				
Name of Limited Liability Company							
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Bibi Ruiz					
		Bryn & Associates	Name of Person				
		2 South Biscayne Blvd. Sur	Firm Company ite 2600	<u> </u>			
		Miami, FL 33131	Address				
		bibi@markbryn.com	City/State and Zip Code				
For further in	nformation co	E-mail address: (to oncerning this matter, please ca	o be used for future annual report notifi ill:	cation)			
Bibi Ruiz			305 374-0501				
	Name of	Person	at () Area Code Daytime	Telephone Number			
Enclosed is a	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 enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

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

SEAWAY PROPERTY INVESTORS, LLC

(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records Limited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Corollary document number $\frac{L18000155815}{L18000155815}$	ompany were filed on 06/26 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	ESS)	
		1
Enter new mailing address, if applicable:		- 2
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or regist registered agent and/or the new registered office addronated Name of New Registered Agent: New Registered Office Address:		
	. Flo	rida
	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	BISCAYNE MANAGER, LLC	2 South Biscayne Blvd, Suite 2600 Miami, FL 33131	≅ Add
			Remove
			Change
MGR	Mark Bryn		□ Add
		2 South Biscayne Blvd, Suite 2680 Miami, FL 33131	■ Remove
			☐ Change
			<u>(</u> Add
			Remove
		-	Change
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
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ffective date, if other than the	e date of filing:		(optiona	
an effective date is listed, the date mu lote: If the date inserted in this bocument's effective date on the I	lock does not meet the ap	plicable statutory fil		
e record specifies a delaye The 90th day after the rec		not an effective	time, at 12:01 a.m	a. on the earlier of:
October 15	2019			
A. 1	N	<u></u>		
rini	/	nuthorized representati		

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Typed or printed name of signee

Filing Fee: \$25.00