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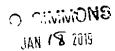
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COVER LETTER

TO:	Registration Sec Division of Corp		. •					
SUBJEC	Searay Life							
SUDJEC	<u>.</u>	Name of Limited Liability Company						
		Amendment and fee(s) are sub	_					
r rease re	turn an correspo.	Frederick Mason	to the following.					
			Name of Person					
		1201 Delaney Park Dr.	Firm/Company					
		Orlando,F1.32806-1409	Address					
		lmason3661@aol.com	City/State and Zip Code					
		E-mail address: (to be used for future annual report notif	ication)				
For furth	er information co	oncerning this matter, please ca	all:					
Frederic	k Mason		248 421-2480 at ()					
	Name of	Person		Telephone Number				
Enclosed	l is a check for th	e 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:

TO:

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

Searay Life,LLC.		The state of the s	ic)
(Name of the Limited L (A F	lorida Limited I	ny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liabil	ity Company	were filed on Sept. 04/2018	and assigned
Florida document number L18000210923	·		
This amendment is submitted to amend the followir	ng:		
A. If amending name, enter the new name of the	limited <u>liab</u>	ility company here:	
Scarey Life , LLC.			
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1201 Delaney Park Dr.	<u>:</u>
(Principal office address MUST BE A STREET ADDRESS)		Orlando, Fl. 32806-1409	
			.5
Enter new mailing address, if applicable:		No Change	<u>_</u>
(Mailing address MAY BE A POST OFFICE BO.	X)		<u> </u>
B. If amending the registered agent and/or	registered o	ffice address on our record	is, enter the name of the r
registered agent and/or the new registered office	address her	<u>·e</u> :	
Name of New Registered Agent:	No Change		
 -			
New Registered Office Address:		Enter Florida street addre	22.
		C	la mi da
-		Citv , F	lorida Zip Code
N. D. J. J. Cimpton if changing Peni	ictored Agent		
New Registered Agent's Signature, if changing Regi			and an aguage to gomenty with
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	ind complete red agent as istered office	r performance of my duties, a provided for in Chapter 605,	ind I am familiar with and . F.S. Or, if this document is
	If Ch:	inging 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 = M $AMBR = A$	anager uthorized Member	⇒ °	
<u>Title</u>	Name	Address	Type of Action
MGR	No Change		Add
			□ Remove
			☐ Change
AMBR	No Change		Add
-			Remove
			Change
			Add
			Remove
			☐ Change
			□ Add
			Remove
			Change
			Add
			Remove
			Change
			Remove
			Change

	·
	tive date, if other than the date of filing: $\mathcal{N}\mathcal{A}$ (optional)
(If an e <u>Note</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Data	©1 /10/2019
Date	
	the on

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00