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COVER LETTER

Division of Co	rporations		
Scabond L	1.C		
SUBJECT,		nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Greg Zacharias		
		Name of Person	··
	Zacharias CPA Group PA		
		Firm/Company	
	202 S Rome Ave Ste 160		
		Address	·
	Tampa, FL 33606		
		City/State and Zip Code	-
	greg@zachepa.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Greg Zacharias		813 254-3206 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the 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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314

orations Division of Corpora

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

STREET/COURIER ADDRESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Seabond LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records. ited Liability Company))
The Articles of Organization for this Limited Liability Comp	any were filed on 01/07/2019	and assigned
Florida document number L19000009292		
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 I	liability Company," the designation "L1.C"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		22
(Principal office address MUST BE A STREET ADDRESS	5)	THE T
		全部 田 —
		75 27 Z
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- FOR BE C
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B. If amending the registered agent and/or registere registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	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	Greg Zacharias	202 S Rome Ave Ste 160 Tampa, FL 33606	■ Add
			□ Remove
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the Document	be specific and cannot be prior to date of lock does not meet the applicable statu	(optional) filing or more than 90 days after filing.) Pursuant to 60: story filing requirements, this date will not be list	5.026 ed a
e record specifies a delayed	effective date, but not an efford is filed.	ective time, at 12:01 a.m. on the earli	er c
The 90th day after the reco			
The 90th day after the reco	2019		
The 90th day after the reco	. 2019		
The 90th day after the reco	2019 Signature of a member or authorized reprint	occupation of a mamber	

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Filing Fee: \$25.00