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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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(Do	cument Number)	
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2019 SEP 23 PH 5: 27

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COVER LETTER

Division of Corp	orations		
SUBJECT: \\\ \\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	SEAM LUC. Name of Limit	ted Liability Company	
The enclosed Articles of A	amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
		Name of Person	
	- KKEA	Firm/Company	
	(2815 Bisc	agne Blud. Ste	103,447(p
		City/State and Zip Code	
	E-mail address: (to	o be used for atture annual report notifica	ution)
For further information co	ncerning this matter, please ca	11:	
Movika Name of	Kar Person	at (<u>305</u>) <u>342-</u> Area Code Daytime T	Celephone Number
Enclosed is a check for the	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

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

mail	
	1

		2013 SEP	23 PH 5
KREAM LI			
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now apper imited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on _	3125/19	and assig
Florida document number <u>L 1900081488</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the	designation "LLC" or the abb	reviation "L.L.
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			- -
			
B. If amending the registered agent and/or registered agent and/or the new registered office addre		on our records, <u>enter</u>	the name of
Name of New Registered Agent:			
New Registered Office Address:	Entar 6	lorida street address	
	7.11(7.7		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered.	Agent:		
I hereby accept the appointment as registered agent are provisions of all statutes relative to the proper and consaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance int as provided for in	of my duties, and I am fo Chapter 605, F.S. Or,	imiliar with if this docum
	If Changing Registered	Agent, Signature of New Re	zistered Agent

	MGR = Manager AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of A	
AMBR	monika Kar	(0815 Biscayne Bird Ste 10	23_X Add	
		(0815 Biscayne Bird Ste 10 #476 Miami, F1 33138	□ Remo	
			 Chanş	
			Add	
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Note:	tive date, if other than the date of filing: 9/18/19 (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 602 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli- e 90th day after the record is filed.
Dated	Sptember 13th 2019
	Na: In R
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee
	D 2 C2

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00