Division of Corporations Electronic Filing Cover Sheet

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Fax Number : (850)617-6383

From:

Account Name : PADULA BENNARDO LEVINE, LLP

Account Number : 120160000061 Phone : (561) 544-8900

Fax Number : (561)544-8999

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

25

cb@pbl-law.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **SEAGATE 919, LLC**

Certificate of Status	0
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D SCOTT

MAY 29 2019

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEAGATE 919, LLC		
(Name of the Limited Liability Comm (A Florida Limited	ny as il now appears on Jubility Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number 1.19000119088	were filed on MAY	, 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	~3
The new name must be distinguishable and contain the words "Limited Liabi	lity Company " the design	nation "LLC" or the abbreviation "LLC"
•	,,,	عبرين کې د
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	,	· · · · · · · · · · · · · · · · · · ·
	·	
		ر "ن
Enter new mailing address, if applicable:		ري
(Mailing address MAY BE A POST OFFICE BOX)		
registered agent and/or the new registered office address her Name of New Registered Agent:	<u>e</u> :	
N. B. C. LOST A.M.		
New Registered Office Address:	Enter Florida s	treet address
		. Florida
- 	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agt provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Chap	duties, and I am familiar with and see 605, F.S. Or, if this document is
If Cha	nging Registered Agent,	Signature of New Registered Agent

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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>	<u>Type of Action</u>
MGR	PATRICK J. WHYTE	185 NE 4th Avenue	= Add
		Suite 104	
		Delray Beach, FL 33483	
			
			☐ Remove
			☐ Change 1
,			
			Remove
			J □ Change
			☐ Remove
			□ Change
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			□ Add
			☐ Remove
			_ ☐ Change

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PM PDT

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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1. J
. / . 7/ 20 20/ 2
MAY 28, 2019 (If an effective 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 605.0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: b) The 90th day after the record is filed.
Dated MAY 28
Signature of a member or authorized representative of a member
CRISTOFER A. BENNARDO
Typed or printed name of signee

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Filing Fee: \$25.00