

L19000 162359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

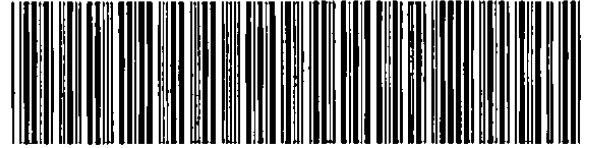
(Business Entity Name)

(Document Number)

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R. V. W. H. E.  
S. E. T.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SEAGLASS GROUP LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Trevor Fried  
Name of Person

SEAGLASS GROUP LLC  
Firm/Company

1618 CORAL RIDGE DR.  
Address

FORT LAUDERDALE, FL 33305  
City/State and Zip Code

tfried@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Trevor Fried at ( 954 ) 683-9859  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                                   |                                                                                                  |                                                                                                                            |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**MAILING ADDRESS:**  
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



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(A Florida Limited Liability Company)

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>  | <u>Address</u>                                   | <u>Type of Action</u>                                                                                         |
|--------------|--------------|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| AMBR         | Trevor Fried | 1618 Coral Ridge Dr<br>Fort Lauderdale, FL 33305 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change |
|              |              |                                                  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change            |
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**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.

Dated August 9, 2019

Carlos Suarez