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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062

: (323)962-8600

Phone Fax Number

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

Email	Address:	 	 	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SAIL AND SEA LLC

Certificate of Status	0
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COVER LETTER

TO:	Registration Sec Division of Corp				
CUD IE	SAIL AND	SEA LLC			
SUBJEC	LI:	Name of Limi	ited Liability Company		
The one	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
		ndence concerning this matter			
		Cheyenne Moseley			2019 0 0 7
		***************************************	Name of Person		<u> </u>
		Legalzoom,com, Inc.			1 -
			Firm/Company		10 -::
		101 N Brand Blvd 11th FI			
			Address		ויי
		Glendale, CA 91203			(7)
			City/State and Zip Code		
		dshaffe88@gmail.com		_	
		E-mail address: ()	to be used for future annual report notifi	cation)	
For furt	her information c	oncerning this matter, please co	all:		
Cheyen	nne Moseley		300 773-0888 at()		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclose	ed is a check for the	ne following amount:			
	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 Sta Certified Copy (additional copy is er	itus &
	Registi	ING ADDRESS:	STREET/COURII Registration Section Division of Corpora	n	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SAIL AND SEA LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited I	ny as it now appears on our re addity Company)	cords.)
The Articles of Organization for this Limited Liability Company	and assigned	
Florida document number L19000185059		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	2019
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation, "L.L.C"
Enter new principal offices address, if applicable:	5530 Cynthia Lane	
(Principal office address MUST BE A STREET ADDRESS)	Ad liability company here: Sol Liability Company." the designation "LLC" or the abbreviation "LLC" 5530 Cynthia Lane Naples, FL 34112 Solution Series of Cynthia Lane Naples, FL 34112 EnterFloridastreetocldress EnterFloridastreetocldress Florida City: ZapCode	
		•
Enter new mailing address, if applicable:	5530 Cynthia Lanc	The state of the s
(Mailing address MAY BE A POST OFFICE BOX)	Naples, FL 34112	
registered agent and/or the new registered office address her	ffice address on our re	cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	EnterFloridastrecto	ddress
		. Florida
	Ciŋ·	ZipCode
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

To: Page 5 of 6

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	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			☐ Change
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). If amending any other information, enter change(s) here: (Allos)		
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Effective date, if other than the date of filing: (true effective due is fised, the date must be specific and composite prior to due of Note: If the date inserted in this block does not meet the applicable stat document's effective date on the Department of Sinte's records.	(optional) Cilling or more than 90 days after filing I Pursuant to 505.0207 (58n) tubory tiling requirements, this date will not be listed as the)
f the record specifies a delayed effective date, but not an elb). The 90th day lifter the record is filed.	fective time, at 12:01 a.m. on the earlier of:	
Dated 09/16/2019		
000		
Signature of a transfer or outforced to	providative of a member	
Daniel Michael Shatter		
Typed or drough name	Glavence	

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Filing Fee: \$25.00