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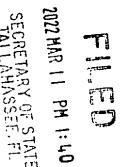
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COVER LETTER

Registration Section

Division of Corporations

TO:

SEA BURD	ALS, LLC				
SUBJECT:	-				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MICHAEL GRIMM				
		Name of Person			
	SEA BURIALS, LLC				
		Firm/Company			
	1945 SOUTH OCEAN DRIVE, APT 2002				
		Address	-		
	HALLANDALE BEACH,	F1, 33009			
		City/State and Zip Code	<u></u>		
	MIKE@SEABURIALS.CO				
	E-mail address: (to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c				
MICHAEL GRIMM		954 8174634			
Name o	f Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	he 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 Registration	Section	Street Address: Registration Se Division of Co			
Division of C P.O. Box 632	•	The Centre of	•		
Tallahassee,			oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SEA BURIALS, LLC

2022 HAR | | PH |: LO

(Name of the Limited	Liability Company as it	now appears on our r	ecerds RETARY OF THE
(A	Fiorida Limited Liability	Company)	CONTROL TARY OF STATE TALLAHASSEE, FI.
The Articles of Organization for this Limited Liab Florida document number	oility Company were f	iled on	and assigned
Florida document number	·		
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of t	<u>he limited liability co</u>	mpany here:	
SEARENITY SERVICES, LLC			
The new name must be distinguishable and contain the wor	ds "Limited Liability Com	pany," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>	·	
B. If amending the registered agent and/or reg		s on our records, <u>e</u>	nter the name of the new reg
agent and/or the new registered office address	<u>here</u> :		
Name of Name Device and Amount			
Name of New Registered Agent:			
			
Name of New Registered Agent: New Registered Office Address:		Enter Florida street o	uldress
<u> </u>			uldress _, Florida Zip Code

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
			Remove
			□ Add
			□Remove
			Change
<u></u>			□Add
			□Remove
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Effective date, if other than the offertive date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	ck does not mee	t the applical	date of filing or ole statutory fil	more than 90 da	(optional) hys after filing.) h hts, this date w	Pursuant to 605.0207 ill not be listed as
assemblic a cricerite due on the fre	partition of other	e 5 records.				
ne record specifies a delayed The 90th day after the reco	effective date ord is filed.	e, but not	an effective	time, at 12	2:01 a.m. o	n the earlier of
MARCH 7	2	2022				
Dated	 , _		_ •			
al c	1100	_				
HAA A						
<i></i>	Signature of a men					