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SECRETARY OF SECRETARY

COVER LETTER

Registration Section Division of Corporations

TO:

Zarazote Fi	iness 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:			
	Nikiah Earl				
		Name of Person			
	Dunlap Bennett & Ludwig				
		Firms/Company			
	8300 Boone Blvd Suite 25	0			
		Address			
	Vienna, VA 22182				
		City/State and Zip Code	···		
	nearl@dbllawyers.com				
	E-mail address: (to be used for future annual report not	ilication)		
For further information of	oncerning this matter, please c	all:			
		at () Area Code Daytin	ne Telephone Number		
Name o	d'Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is exclosed)		
Mailing Addres	u:	Street Address:			
Registration Section			Registration Section		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT 11 PM 7: 12

Zarazote Fitness LLC

SECRETARY OF SILLI (Name of the Limited Liability Company as it now appears on our records FFASSEE, FEFASSEE, FEFASS

	re filed on ,	September 13, 2019	and assigned
Florida document number L19000232127			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	у сопрану	<u>here</u> :	
Seaward Group LLC			
The new name must be distinguishable and contain the words "Limited Liability	Company," th	e designation "LLC" (or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		······································	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
-			
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here: Name of New Registered Agent:	ress on ou	r records, <u>enter tl</u>	e name of the new registered
agent and/or the new registered office address here:			e name of the new registered
Name of New Registered Agent:		Uorida street address	
agent and/or the new registered office address here: Name of New Registered Agent:		Uorida street address	ida
agent and/or the new registered office address here: Name of New Registered Agent:	Enter F	Uorida street address	

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 = M AMBR = A	anager uthorized Member		
Title	Name	Address	Type of Action
			□ Add
			Remove
			Cl Change
			□Add
			□Remove
			[] Change
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		Typed or printed name of signee	

Filing Fee: \$25.00