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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #	<u>, </u>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	





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2020 DEC -7 PH 5: 55

Mary

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Seamore Distribution, LLC Name of Limited Liability Company
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:
Yetzi Hoel Name of Person
Seamore Distribution, LLC
Firm/Company
511 Northview St.
Address
Port Charlotte, FL 33954 City/State and Zip Code
Seamore USA a gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Yetzi Hoel at (941) 258-6808 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytine Telephone Sumber
Enclosed is a check for the following amount:
S25,00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Fee. Certificate of Status Certified Copy Certificate of Status &
tadditional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Seamore Distri	ibution, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000014136</u> .	were filed on	_ and assigned and assigned and assigned ?029 DEC
This amendment is submitted to amend the following:		EC DEC
A. If amending name, enter the new name of the limited liab	ility company here:	-7
Seamore Group LLC		PH
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbr	
Enter new principal offices address, if applicable:		្រ
(Principal office address MUST BE A STREET ADDRESS)	511 Northview St Port Charlotte, FL	33954
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name	of the new registered
<u> </u>		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code

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

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>	Address	Type of Action
AMBR	ALexei Harquez	CR LOS Raudales torre 1	
	·	APT 14-PHY Alta Vista N	□Remove
		Puerto Ordaz - Venezuela	
			□ Add
			⊟Remove
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			□Add
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reffe <u>te:</u> T	etive date is listed If the date insert		ecitic and cannot oes not meet th	ot be prior to ne applicab	date of filir		han 90 days afte	ional) er filing.) Pursuant to 605.0 is date will not be listed
cord s tile		yed effective date	, but not an ef	fective tim	e, at 12:01	a.m. on th	ne earlier of: (b) The 90th day after t
ed _	Novemb	er,30	, <u>2</u> (020				
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