L20 000034827

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration S Division of Co				
	ALPHA LLC	•		
SUBJECT:	Name of Lim	ited Liability Company	 .	
	f Amendment and fee(s) are sub condence concerning this matter			
·	T R LAXMAN	_		
		Name of Person		
	T R THE TAXMAN INC			
		Firm/Company		
	9858 Clint Moore Rd, Suite C111-131			
		Address	 	
	Boca Raton, FL 33496			
	tr@trthetaxman.net	City/State and Zip Code		
	-	to be used for future annual report notif	ication)	
For further information	concerning this matter, please c	all:		
T R Laxman		561 404 3057		
Name	of Person	Area Code Daytimo	: Telephone Number	
Enclosed is a check for	the 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)	

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEEDING ALPHA LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on January 28, 2020	and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the lim The new name must be distinguishable and contain the words "Lim	nited liability company here:	2020 D
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		-7 PH
(Principal office address MUST BE A STREET ADD:	RESS)	
		···
		6
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
<u></u>		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ne name of the new registere
Name of New Registered Agent:	•	
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida
	Cin	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	Oceana Development LLC	9549 Tropical Pk Pl	□Add
		Boca Raton, FL 33428	■Remove
			□Change
AMBR	Beit Oved LLC	9549 Tropical Pk Pl	= Add
		BOca Raton, FL 33428	□Remove
		•	Change Change Change Change Change Change Change
			<u>.</u>
			□Remove
			□Change
			🗆 Add
		•	□Remove
			Change
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			Chango

					
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	sted, the date must be specif serted in this block does				
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is filed	lelayed effective date, bu	at not an effective t	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after th
12	-01-2020				
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	Cen	e of a member or auth			
	Signature	, or a member or auth	ionzeu representative	or a memoer	