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(Cit	y/State/Zip/Phone	e #)
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R. WHATE. APR 2 0 2020

COVER LETTER

TO: Registration Division of C			
	EAMS, L.L.C.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	FORREST SYGMAN, ES	Q.	
		Name of Person	
	FORREST SYGMAN, P.7	۸.	
		Firm/Company	
	7300 N. KENDALL DRIV	/E. SUITE 450	
		Address	
	MIAMI, FLORIDA 33156		
	forrest@svgmanlaw.com	City/State and Zip Code	
	~	to be used for future annual report notifies	ation)
For further information	reconcerning this matter, please co	all:	
FORREST SYGMAN	, ESQ.	305 661-8955	
Name	e of Person	at ()	Celephone Number
Enclosed is a check for	r the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$560.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Adda Registration		<u>Street Address:</u> Registration Secti Division of Corpo	
P.Q. Box 6	•	The Centre of Tal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEA DREAMS, L.L.C.			<u> </u>
(Name of the Limited Liability Co (A Florida Lin	ompany as it now a nited Liability Comp	ppears on our records.) any)	v 15.01
The Articles of Organization for this Limited Liability Comp	pany were filed o	m MARCH 6, 2020	and assigned
Florida document number 1.20000074756			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability compa	ny here:	
The new name must be distinguishable and contain the words "Limited	Liability Company,	the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u></u>		_
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on o	our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Ente	r Florida street address	
			1.
	City	, Floric	Zip Code
New Registered Agent's Signature, if changing Registered Ag	gent:		

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	ANTONIA D. GARRUCO	396 N.W. 49th AVENUE	
		MIAMI, FLORIDA 33126	
			Change
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
		·	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Changa

-			
			
ffective date, if other than	the date of filing:	(optional) ate of filing or more than 90 days after filing.) Pursuant to 605.	0207
ote: If the date inserted in thi	is block does not meet the applicable	e statutory filing requirements, this date will not be liste	
ocument's effective date on th	ne Department of State's records.		
			. 1
record specifies a delayed effe Lis filed,	ictive date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90th day after	the
	2020		
ated APRIL 3	2020		
ated APRIL 3	. 2020		

Typed or printed name of signee