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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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Codified Coding				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

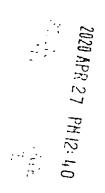
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: OTC Properties - SEACREST, LLC 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:					
TAMELA HUGhes Name of Person					
OTC Properties, UC Pirm/Company					
5365 E-Cty Hwy 30A, Ste 10Z					
Santa Rosa Blach FL 32459 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
TAMELIA HUSANOS at (850) 830-0787 Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
■ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Solutional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					

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

Name of the Limited Liability Comp (A Florida Limited	PACKEST, LCC2020 APR 27 PH 12: 40
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.)
(A Florida Limited The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000 107 45</u>	were filed on $4-20-20$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial The new name must be distinguishable and contain the words "Limited Liab	
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 agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Cin 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 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			200-		
<u>Title</u>	<u>Name</u>	Address	2020 APR 27 PH 12	Type of Action 4 0	
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	hange(s) here: (Attach additional sheets, if necessary.)
	2020 APR 27 PM 12: 40
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Effective date, if other than the date of filing fan effective date is listed, the date must be specific and Note: If the date inserted in this block does not make a locument's effective date on the Department of S	g:
record specifies a delayed effective date, but not d is filed.	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 4-33	member or authorized representative of a member
TAMCLA	Hyo V Q S Typed or printed name of signee