Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.	

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, ELC.

Account Number : I20170000056

Phone : (954)842-2931

Fax Number : (954)842-2936

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SEA SEAL LLC

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Certificate of Status	0
Certified Copy	0
l'age Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

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COVER LETTER

TO:	Registration S Division of Co	ection rporations		
SUBJEC	SEA SEA	I. LLC		
, c 501	×1.	Name of Lir	nited Liability Company	
The encl	osed Articles of	`Amendment and fee(s) are sul	Dinitted for filing.	
		undence converning this matter		
		STEPANIAN, RAFAEL		
		 . 	Name of Person	
		SEA SEAL LLC		
		<u> </u>	Fim/Company	
		17100 N BAY RD 1609		
			Address	·
		SUNNY ISLES BEACH,	FL 33160	
		steptowstop.88இழாகர்.con	City/State and Zip Code	
			to be used for future annual report not	ification)
For furthe	a information c	oncerning this matter, please o	all;	
STEPAN	MAN, RAFAEL		407 227-8082	
,	Name o	(Purson		ne Telephone Number
Enclosed	is a check for th	ie following amount:		
≝ \$25.0	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 anclosed)
	Mailing Addres Registration 5		Street Address: Registration Se	ection
l	Division of C	orporations	Division of Cor	rporations
	P.O. Box 632 Fallahassee, I		The Centre of T	l'allahassee de Stroot, Suite 810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEA SEAL LLC

(Nam <u>e of the Limited Liabilit</u> (A Florida	ty Company as it now apport Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability C Florida document number 1.20000177177	ompany were filed on	06/24/2020	and assigned So
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company	hcre:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the	designation "LLC" or the abb	reviation "L.I.,C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
	<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 agent and/or the new registered office address here:	office address on our	rccords, enter the name	of the new registered
Name of New Rogistered Agent:			
New Registered Office Address:			
		oridu stroet address	
		, Florida	···
No. 19 de la constanta de la c			Zip Code
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agheing filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance c gent as provided for in	f my duties, and I am fa Chapter 605, F.S. Or, 3	miliar with and (this document is
	If Changing Registered A	gent, Signature of New Regi	stered 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

Title	Name	Address	Type of Action
MGR	EKATERINA STEPANIAN	17100 N BAY RD 1609	I lAdd
		SUNNY ISLES BEACH, FL 33160	
			□ Change
			Remove
			□Change
			GAda
			□Remove
		<u></u>	ПСнапце
			□Add
			□Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			□Add
			Remove
			LIChanne

. A amending any other into	rmation, enter change(s) here: (Attach additional sheets, if necessary.)

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<u>Note:</u> If the date inserted in th	the date of filing:
e record specifies a delayed eff rulis filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Oated	, 2020
	Rafael Stepanian Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
STEPANIAN, RAI	
	Typed or printed name of signee

Filing Fee: \$25.00