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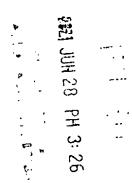
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:S	eal Bay Cap	octal LLC	
	Name of Limit	led Liabinty Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	James	Name of Person	
		Pal Bay Capi	
	1693 5	1 min Company	
	Sarasoto	City/State and Zip Code C e g mai/ pobe used for further annual report notion	236
	1	City/State and Zip Code	A 40 .
	E-mail address: (to	be used for future annual report noti	fication)
For further information c	oncerning this matter, please cal		
James	Lynch	at (703) 447	7-0764
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee, I	TL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Seal Boy	Capital L	LC.		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Co. Florida document number 420000	ompany were tiled on <u>Ay</u> 267918	gust 28, 20	ってつ and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here:	N/A		
The new name must be distinguishable and contain the words "Limi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR		/ '	ation "L.	L.C."
Time par office address MOST DE A STREET ADDRESS				
Enter new mailing address, if applicable:		5		
(Mailing address MAY BE A POST OFFICE BOX)		<u>• 1.</u>		·
		<u> </u>	_ 2 2	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our recor	ds, enter the name of	the nev ယှ	v registerec
	NA	•	26	
Name of New Registered Agent:	/			
New Registered Office Address:	Enter Florida s	treet address		
		, Florida		
	City	Z	ip 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 or removed	g Authorized Person(s) authorized to refrom our records:	nanage, <u>enter the title, name, ar</u> o	nd address of each person being adde
MGR = M AMBR = A	lanager Authorized Member	t	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			Change
			□Add
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ocument's effecti	ve date on the De	epartment of St	ate's records.					
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ated <u>Sep</u>	- 1 av	Signature of a m		rived representation	e of a member			

Filing Fee: \$25.00