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FILED 2020 NOV 23 AHII: II

12/30/20 SH

COVER LETTER

TO: Registration Set Division of Con			
Three Sea	§ Properties		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lisa Ravelo		
		Name of Person	·
		Firm/Company	
	2326 NW Fork Road		
	Stuart, FL 34994	Address	
	lisaravelo@hotmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	lication)
For further information of	oncerning this matter, please c	all:	
Lisa Ravelo		801 201-4135	
Name o	t Person	at ()	: Telephone Number
Enclosed is a check for the	he 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 Address		Semas Adduses	

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

Three Seas Properties		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number	pany were filed on November 05, 2020	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company 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>	
		202
Enter new mailing address, if applicable:		F1L 2020 NOV 23
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
		<u>=</u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the na</u>	ime of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	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 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>	<u>Address</u>	Type of Action
AMBR	Margarita Ravelo	11841 Winton Street, Garden Grove, CA 92845	= Add
			□Remove
			□Change
			Remove
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			☐ □Change
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ffective date, if other an effective date is listed, ote: If the date inserte ocument's effective date	the date must be speci ed in this block does	itic and cannot be p s not meet the app	rior to date of filing olicable statutory	g or more than 90 d			
record specifies a delay is filed.	red effective date, b	ut not an effectiv	e time, at 12:01	a.m. on the earlie	er of: (b) The	90th day af	ter the
November 18	^	2020					
ated	-	<u> </u>	<u> </u>				
	Sumatur	e of a member or a	<u> </u>) tativa of a mambar			