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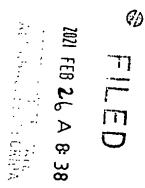
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(Add	dress)	
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(City	//State/Zip/Phone	e #)
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(Dox	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	nree Seas Esto Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mile Cr	Name of Person	
		Firm/Company	7-84
	12585 New	Britany Blvd	
	Fort Myers, Lindsay@ab	FL 33907 City State and Zip Code Solutelaw, net	
For further information of	E-man-address: () oncerning this matter, please or	to be used for luture annual report notif all:	ication)
Mile Chin	DOMILOS Person	at (<u>239</u>) <u>275</u> Area Code Daytime	-4453 : Telephone Number
Enclosed is a check for t	he following amount:		
X S25.00 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:

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

Ihree Sea	S Estate 11				
(<u>Name of the Limited</u>) (À	Liability Company as it now a Florida Limited Liability Comp	ppears on our records.' any))		
The Articles of Organization for this Limited Liabs Florida document number L 21 0000 414 to		n 1/21/21		and as	signed
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	ne limited liability compar	ay here:			
The new name must be distinguishable and contain the word	s "Lunited Liability Company."	the designation "LLC"	or the abb	reviation "L	L.C."
Enter new principal offices address, if applicable	le:				
(Principal office address MUST BE A STREET A	ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>				
B. If amending the registered agent and/or registered and/or the new registered office address have of New Registered Agent:		our records, <u>enter th</u>	ne náme	## FEB 26	CD w registered
New Registered Office Address:				>	
New Registered Office Faddless.	Ente	r Florida street address . Flor	ida	8: 40	
-	City	. 1 101		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>	Name	Address	Type of Action
AMBR	Tressa Caza	1450 SE ZIST AVE	□Add
		Cape Coral, FL 33990	Remove
			□ Change
			□ Add
			Remove
			□Change
			□ Add
			Change
			6 □Change
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If an effec <u>Note:</u> If	ctive date is lis f the date ins	ther than the ted, the date mu erted in this b	st be specif lock does	fic and co not med	annot be pret the app	licable stat	f tiling or me utory filing	ore than 90 d	(option lays after fil ents, this d	աց.) Իւրջա	int to 605.020 It be fisted a
documer	nt's effective	date on the D	epartmen	t of Sta	te's recor	ds.			ア	_	
e record rd is filed		elayed effectiv	'e date, bi	it not ar	n effective	e time, at 1	2:01 a.m. c	n the earli	er of: (b)	The 90th	day after the
Dated _	Febru	eary a	12	·	202	<u> </u>	A . A		7		
							HE	3(%	52		
			Signature	of a me	niber or ac	thorized rep	resentative	of a member			