

3/24/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SEALOW INVESTMENTS LLC

Certificate of Status	0
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Page Count	01
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Corporate Filing Menu

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MAR 23 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEALOW INVESTMENTS 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:

LOPEZ, CARLO R

Name of Person

CEO

Firm/Company

2301 LAGUNA CIRCLE 1712 NORTH

Address

MIAMI, FL 33181

City/State and Zip Code

CARLORLOPEZ07@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLO R LOPEZ

954

954-934-0194

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

SEALOW INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/01/2021 and assigned
Florida document number L21000099680

This 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CARLO R LOPEZ CAMPOS

New Registered Office Address:

Enter Florida street address


City

Florida

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 Changing Registered Agent, Signature of New Registered 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	CARLO R LOPEZ CAMPOS	2301 LAGUNA CIRCLE APT 1712	<input checked="" type="checkbox"/> Add
		NORTH MIAMI, FL 33181	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	CARLO R LOPEZ	2301 LAGUNA CIRCLE APT 1712	<input type="checkbox"/> Add
		NORTH MIAMI, FL 33181	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALVARO LOPEZ LOPEZ	5668 NW 194TH LN	<input checked="" type="checkbox"/> Add
		MIAMI GARDENS, FL 33055	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	IRMA FANNY CAMPOS PEREZ	5668 NW 194TH LN	<input checked="" type="checkbox"/> Add
		MIAMI GARDENS, FL 33055	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JULIANNY JOSEFINA GUZMAN	14955 NW 11 AVE	<input checked="" type="checkbox"/> Add
		NORTH MIAMI, FL 33161-2870	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MARCH 24TH 2021

Signature of a member or authorized representative of a member

CARLO R LOPEZ CAMPOS

Typed or printed name of signee

Filing Fee: \$25.00