L21000262070

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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 895 SANTA ROSA BIVE ZO9 HOLDING 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:
CHAO T- CAMPBELL Name of Person
SEA CREST ZUG HOLDING- LLC Firm/Company
895 SANTA ROSA BIVD APT 209 Address
FORT WALTON BEACH, FL 32548 City/State and Zip Code Thainas 7 @ hot mail - com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for titure annual report notification)
For further information concerning this matter, please call:
Chac + CAMPBELL at (619) 734-1517 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

895 SANTA PO (Name of the Limited	USA BAVO Liability Compa Florida Limited I	N 209 Holding LLC ny as it now appears on our records.)
The Articles of Organization for this Limited Liab Florida document number $L2100020$		were filed on $\frac{06/07/2021}{}$ and assigned
This amendment is submitted to amend the follow	ring:	•
A. If amending name, enter the new name of t	he limited liab	ility company here:
SEA CREST ZO9 HUL	DING 1	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
The new name must be distinguishable and contain the won	ds "Limited Liabil	
Enter new principal offices address, if applicab	ole:	395 SANTA ROSA BIVd.
(Principal office address MUST BE A STREET	ADDRESS)	
		APT 209 FORT WALTON BEACH, FL32548
Enter new mailing address, if applicable:		895 SANTARUSA Blud.
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	
	·-	APT 209 FORTWALTON BEACH, FL32548
B. If amending the registered agent and/or regagent and/or the new registered office address		address on our records, enter the name of the new registered
Name of New Registered Agent:	CHAO	T. CAMPBELL
New Registered Office Address:	895 SA	NTA ROSA BIVIL AFT. 209 Emer Florida street address
		ALTON BEACH, Florida 32548.

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			☐ Change
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			□Remove
			□Change
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Note:	ye date, if other than the date of filing: 10/1/202 (optional) (optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that it is effective date on the Department of State's records.
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated_	9/14/2021 With J. Complete Signature of a prember of a member
	CHAO T- CAMPBELL Typed or printed name of signee

Filing Fee: \$25.00