## 

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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|   |

Office Use Only



## COVER LETTER

TO:

Tallahassee, FL 32314

| TO: Registration Se<br>Division of Cor |  |   |  |
|--|--|---|--|
| SUBJECT: SC                            | 1-ya By The                                  | SCG UC ited Liability Company   | <del></del>  |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please return all correspo             | ndence concerning this matter                | to the following:   |  |
|  | _ ashieig                                    | Name of Person  | <del></del>  |
|  | _Sea-ya                                      | By the Sea Firm/Company   | <del></del>  |
|  | 16531 SC FE                                  | TERCI HWY OF  | pt E205  |
|  | Stuart                                       | FI 34997<br>Otty/State and Zip Code                                       |  |
|  | E-mail address: ((                           | CULTY (AC) CO   | fication)  |
| For further information o              | oncerning this matter, please co             | all:  |  |
| OSMEIGH<br>Name of                     | CUEVOS<br>f Person                           | at (772) 034<br>Area Code Daytim  | - 8168<br>e Tel ephone Number  |
| Enclosed is a check for the            | ne following amount:                         |   |  |
| <b>⊠</b> \$25.00 Filing Fee            | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | Sectificate of Status & Certificate Copy (additional copy is enclosed) |
| Mailing Addres                         |  | <u>Street Address:</u><br>Registration Se                                 | ction  |
| Division of C                          | Corporations                                 | Division of Cor   | rporations   |
| P.O. Box 632                           |  | The Centre of T   |  |
| Tallahassee,                           | FL 32314                                     | Z415 N. MONTO   | e Street, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| <u> </u>  | The Sea UC   |
|---|--|
| ( <u>Name of the Limited Liabill</u><br>(A Florida  | ty Company as it now appears on our records.) a Limited Liability Company)   |
| The Articles of Organization for this Limited Liability C   | _  |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, <u>enter the new name of the lim</u>   |  |
| The new name must be distinguishable and contain the words "Lim   | nited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | <u> </u>   |
| (Principal office address MUST BE A STREET ADDI   | RESS)  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                      |  |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | d office address on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  | Enter Florida street address   |
|   | , Florida  |
| <del></del>   | 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>     | Address                     | Type of Action |
|--------------|-----------------|-----------------------------|----------------|
| MOR          | Conleign cuevas | 16531 SC FEDERAL HWY        | KAdd           |
|              |                 | apt E205                    | □Remove        |
|              |                 | apt E205<br>Stuar, F1 34997 | Change         |
|              |                 |                             | 🗆 Add          |
|              |                 |                             | □Remove        |
|              |                 |                             | Change         |
|              |                 |                             | □Add           |
|              |                 |                             | □Remove        |
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|              |                 |                             | □Add           |
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|              |                 |                             | Change         |
|              |                 |                             | □Add           |
|              |                 |                             | □Remove        |
|              |                 |                             | Change         |
| <del></del>  |                 |                             | □ Add          |
|              |                 |                             | □Remove        |
|              |                 |                             | □Change        |

|                    | The purpose of this ammendment  |
|--------------------|---|
|                    | is to list conleigh cheves as   |
|                    | the owner   |
|                    |   |
|                    | Senewa vahle remains as   |
|                    | MGR.  |
|                    |   |
| _                  |   |
|                    |   |
|                    |   |
| _                  |   |
| -                  |   |
| _                  |   |
|                    |   |
|                    |   |
| effecti<br>e: If t | date, if other than the date of filing:   |
|                    | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after |
| filed.             | X/ SENEWA L KAHLE   |
| ed                 | aug 9 2021 x 2021   |
|                    | (10000000 (111111))   |