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10/22/21--01020--022 **25.00

21 OCT 22 FN 3: 36

T. MATTHEWS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Seas' The Day Ar	enales II.C.
Name	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	re submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Br	Name of Person
	Firm/Company
290	NW 8th TERRACE
Cape	Coral, FL 33993 City/State and Zip Code
	·
Douti E-mail add	que . Seastheday @ gmail. com dress: (to be used for future annual report notification)
For further information concerning this matter, pl	ease call:
Britting Franzen	at (U19) 90 U 130 9 Area Code Daytime Telephone Number
Name of Person	Area Code Daydine relegiione relinore
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee Certificate of Sta	
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
	m o cm II i

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 0CT 22 FH 3: 36

Seas The Day Apparel 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 Comp	pany were filed on <u>Aug</u>	$\frac{18}{18}$ and assigned		
Florida document number <u>L 21000 370893</u> .				
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 design	nation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES.	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		······································		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our reco	rds, enter the name of the new registered		
agent and/or the new registered office address nege.				
Name of New Registered Agent:		(-1) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
New Registered Office Address:				
To megistered on too man eye.	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 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 or cot 22 PH 3: 36

<u>Title</u>	Name	Address	21 00T 22 PH 31 3	Type of Action
<u>mgr</u>	Ashleigh Harrison		NW 8th Terrace	
		Cape	Weal, FL 33993	Remove
				Change
				□Add
				□Remove
				□Change
		 -		□Add
			 	□Remove
				□Change
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				□Remove
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				□Change

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Filing Fee: \$25.00