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COVER LETTER

TO: Registration Section Division of Corporations		
SEA	HLAND TRADE LL	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of Amendment a	and fee(s) are submitted for filing.	
Please return all correspondence conce	erning this matter to the following:	
·	YANK JEAN JULIER	7
	Name of Person	
	SEALAND TRADE	uc
	, , , , , , , , , , , , , , , , , , ,	
83	300 NE ISTPL, APT	701
	Address	
	91 API FL 33138 City/State and Zip Code	
		1
Sar	E-mail address: (to be used for future annual report notificat	sion)
For further information concerning this	s matter, please call:	
VANICK JEAN	JULIEN at (305) 308-1	0862
Name of Person	Area Code Daytime Te	lephone Number
Enclosed is a check for the following a	amount:	
č	Filing Fee & S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

FILED

SEALAND-	TRADE, LLC	2022 HAY IO AM 10: 21
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 210004176</u>	rere filed on 09/21/2021	ELONGIN CIT SHATE and assigned ASSEC.FL
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the liability o	ELÉE LLC	
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Company, the designation all C or the abor	eviation 1L.C.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name	of the new registered
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Ctry	z.ip Coue
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as propering filed to merely reflect a change in the registered office a ompany has been notified in writing of this change.	erformance of my duties, and I am fai ovided for in Chapter 605, F.S. Or, if	miliar with and Tthis document is
If Changi	ing Registered Agent, Signature of New Regis	stered Agent

or removed from our records:

MGR =	Manager	
AMER =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
	N/A		
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
		 	□Remove
			□Change
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	NA		
			
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			HASSEC FL
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f an effective date is list Note: If the date inse	ther than the date of filing: ed, the date must be specific and cannot be perted in this block does not meet the apidate on the Department of State's reco	opticable statutory filing requiren	(optional)
e record specifies a dord is filed.	layed effective date, but not an effecti	ve time, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
Dated 5	4/2022		
,	Manuelle I	1	
		authorized representative of a memb	er

Filing Fee: \$25.00