3/20/24, 5:23 PM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((1124000107008 3)))



Note: DO NOT hit the REFRESH RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I2001000062

Phone : (323)962-8600 Fax Number : (323)389-0502

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

Email Addres	5;	
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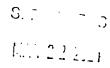


LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VISIBLY DARK PRODUCTIONS LLC

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Page Count	06
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Help



TO: Registration Section

1205 From: Rajiv Srivastava

COVER LETTER

Div	ision of Cor	porations		
		to Seaside Associates L	LC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	,
Please return	all correspo	ondence concerning this matter	to the following:	
	•	_	•	:
		Cheyenne Moseley		
		.,, ,, ,, = 1+=++++	Name of Person	
	•	Legalzoom.com, Inc.		
	÷		Firm/Company	
		101 N Brand Blvd 11th Fl		
			(s) are submitted for filing. his matter to the following: hey Name of Person Inc. Firm/Company vd 11th F1 Address (203 City/State and Zip Code gmail.com I address: (to be used for future annual report notification) r, please call: 2800 773-0888 at (Area Code: Daytime Teluphone Number Cee & SSS.00 Filing Fee & Certified Copy (additional copy is enclosed) STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	
		Glendale, CA 91203		
	·	scott.yankton1@gmail.com		Real Control
For further in	iformation c	e-man address: (i		neanony
Cheyenne M			800 773-0888	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
		ING ADDRESS: ration Section		
	Divisio	on of Corporations	Division of Corpor	
		issee, FL 32314	2661 Executive Ce	nter Circle

Tallahassee, FL 32301

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Flori	pility Company as it now appears on our record ida Limited Liability Company)	<u>15.</u> }	
The Articles of Organization for this Limited Liability	Company were filed on 11/15/2021	and assig	aneq
Florida document number 1.21000491567	·		
This amendment is submitted to amend the following:	·		
A. If amending name, enter the new name of the lir	mited liability company here:		
Montecito Seaside Associates LLC			
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "ELC]" or the abbreviation 岩し	.C."
Enter new principal offices address, if applicable:			,
Principal office address MUST BE A STREET ADL		i io	
		7	
Enter new mailing address, if applicable:		· <u> </u>	
Mailing address MAY BE A POST OFFICE BOX)		-	
Printing underess Philip DE 717 OBT OF TICE BOXY			
If amanding the registered agent and/or reg	gistered office address on our records	s, enter the name o	f th
	iui ess nere:		
egistered agent and/or the new registered office ad			_
egistered agent and/or the new registered office ad Name of New Registered Agent:			
egistered agent and/or the new registered office ad	Enter Florida street addres		
egistered agent and/or the new registered office ad Name of New Registered Agent:		es Orida Zip Code	

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

MGR = Manager

AMBR = Authorized Member

From: Rajiv Srivastava

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
			Add
		····	☐ Remove
			☐ Change
			☐ Remove
			□ Change
			□ Add
			☐ Remove
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			D Add
			☐ Remove
			Change

Frective date, if other than the date of filing: an effective date is listed, the date must be specific and cannet be prior to date of filing or more than 90 days after filing.) Pursuant to 605 50207 (long: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to occurrent's effective date on the Department of State's records. The 90th day after the record is filied. Signature of a member of authorized repulsemative of a member. Septimization		
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Page 3 of 3

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