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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SEAGRASS RESTORATION FOUNDATION LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEAGRASS RESTORATION FOUNDATION 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 Company were filed on ____05/20/2022 and assigned Florida document number L22000216596 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Miramar Kailix LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.1.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

, Florida

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
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			□Remove
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			□Remove
			Change

D. If ame	nding any other informati	on, enter change(s) he	ere: (Attach additiona	l sheets, if necessar	y.)
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Note:	ve date, if other than the descrive date is listed, the date must be if the date inserted in this blocent's effective date on the Dep	k does not meet the appl	licable statutory filing re-	(optional) han 90 days after filing quirements, this date	.) Pursuant to 605.0207 (3)(will not be listed as the
the record	l specifies a delayed effective (ed.	late, but not an effective	time, at 12:01 a.m. on the	he earlier of: (b) Th	ne 90th day after the
Dated_	December 12	. 2023	·		
	/s/ Caitlin Lazarus	gnature of a member or aut	thorized representative of a	member	
	Caitlin Lazarus, Attor	ney-in-Fact			
		Typed or pri	nted name of signee		

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