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FILED 2022 HAY 31 PM 1: 15 SECRETARY SEES PALE

COVER LETTER

TO:

TO: Registration Se Division of Cor			
SEA M VII			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	SERGE MASSAT		
		Name of Person	
	MASSAT CONSULTING	GROUP	
		Firm/Company	
	1680 MICHIGAN AVE, S	STE 722	
		Address	
	МІАМІ ВЕАСН		
		City/State and Zip Code	
	sjmassat@aol.com		
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
SERGE MASSAT		305 4205935 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	_	Street Address:	-aki am
Registration S Division of C		Registration So Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SEA M VIBES LLC

(Name of the Limited Liability Company as it now appears on our records.)

·	Florida Limited Liability Con		TALLAHASSEE, FL and assigned
The Articles of Organization for this Limited Lial	oility Company were filed	on <u>5/16/2022</u>	and assigned
Florida document number L22000228749	·		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability comp	any here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company	v," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u></u>		
			<u> </u>
B. If amending the registered agent and/or reg	gistered office address on	our records, <u>en</u>	ter the name of the new registered
agent and/or the new registered office address	here:		
Name of New Registered Agent:			
New Registered Office Address:		nter Florida street add	trocs
	Cin	,	Florida Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company	and complete performa ered agent as provided f gistered office address, i	nce of my duties or in Chapter 60	and I am familiar with and 05, F.S. Or, if this document is

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

<u>Title</u>	Name	Address	Type of Action
AMBR	PICHON, SIHAM J	1680 MICHIGAN AVE, STE 722	□Add
		MIAMI BEACH, FL 33139	≣Remove
			□Change
AMBR	PICHON, SIHAM	1680 MICHIGAN AVE, STE 722	= Add
		MIAMI BEACH, FL 33139	□Remove
			☐ Change
		<u></u>	
			□ Remove
			Change
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			□Change

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