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Mailing Address: Street Address:		Registration Se Division of Cor				
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DANIELLA PULIDO	CUD IE					
Please return all correspondence concerning this matter to the following: DANIELLA PULIDO	SOBJEC	-1; <u> </u>	Name of Lim	nited Liability Company		
DANIELLA PULIDO Name of Person	The encle	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Name of Person LULICH & ATTORNEYS, P.A. Firm/Company 1069 MAIN STREET Address SEBASTIAN, FL 32958 City/State and Zip Code sunbiz@fulich.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DANIELLA PULIDO 772 589-5500 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \text{S25.00 Filing Fee} \times \text{S0.00 Filing Fee} \times \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{calditional copy is enclosed} Mailing Address: Street Address:	Please re	turn all correspo	ndence concerning this matter	to the following:		
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SEBASTIAN, FL 32958 City/State and Zip Code sunbiz@lulich.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DANIELLA PULIDO The person of Person of Area Code of Daytime Telephone Number Enclosed is a check for the following amount: Separation of Status & Certificate of Status			1069 MAIN STREET			
City/State and Zip Code sunbiz@lulich.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DANIELLA PULIDO at (772 589-5500 Daytime Telephone Number) Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address:			Address			
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DANIELLA PULIDO Total Code Total S89-5500 Atea Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Street Address:			SEBASTIAN, FL 32958			
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DANIELLA PULIDO Name of Person Total () Name of Person Total () Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address:			City/State and Zip Code			
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Registration Section Registration Section				<u>Street Address:</u> Registration Se	ection	
Division of Corporations Division of Corporations		Division of C	orporations	Division of Co	Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

THE SEASCAPE UNIT 4334 LLC

202400 13 py 3.59 (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 L Florida document number L22000261585	iability Company	were filed on <u>06/08/2022</u>	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	1822 ERCELL DR WANTAGH, NY 11793	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records,	enter the name of the new registered
Name of New Registered Agent:	LULICH & AT	TORNEYS, P.A.	
New Registered Office Address:	1069 MAIN ST		
		Enter Florida street	address
	SEBASTIAN		, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	WALLEY, MAUREEN	1822 ERCELL DR	
		WANTAGH, NY 11793	□Remove
MGR	FLYNN, MICHAEL	1822 ERCELL DR	
		WANTAGH, NY 11793	□Remove
			≘ Change
			□Add
			□Remove
			□Change
			□Remove
			☐ Change
			□Remove
			∐Change
			□ Add
			□Remove
			□Change

Note:	tive date, if other than the date of filing:
he reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
	October 4, 2024
Datec	D XI ROGYWCC TONYUO (27/19PV CR
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