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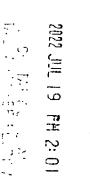
(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
		of Status

Office Use Only





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COVER LETTER

TO: Registration Sec Division of Corp					
Se:	aside Guest Services, LL	c , , ,			
SUBJECT:		ed Liability Company			
	Amendment and fee(s) are subt				
Please return all correspo	ndence concerning this matter t	o the following:			
		Amy Haeffner			
		Name of Person		20	
	Seas	ide Guest Services, LLC		2022 JUL 19 PM 2:01	-11
		Firm/Company		利 -	
		215 Depot Ave, Ste 105			T
		Address			
		Delray Beach, FL 33444			
	seasideque	City/State and Zip Code stservices@gmall.com			
		to be used for future annual report notifi	cation)		
For further information of	concerning this matter, please ca	all:			
Amy Haeff	n <u>er</u>	``` \	3-2500		
Name o	of Person	Area Code Daytime	Telephone Number	I	
Enclosed is a check for t	he following amount:				
☼ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
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

Seaside Guest Servi	ices, LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears bility Company)	on our records.)		
The Articles of Organization for this Limited Liability Company w	ere filed on	7/1/2022	and assi	gned
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the des	signation "LLC" or the	e abbreviation "L.1	C."
Enter new principal offices address, if applicable:			21122	
(Principal office address MUST BE A STREET ADDRESS)				1 1
			37 6	
Enter new mailing address, if applicable:				} 1 2
(Mailing address MAY BE A POST OFFICE BOX)			22	
B. If amending the registered agent and/or registered office ac	idress on our re	cords, enter the n	ame of the nev	v registere
agent and/or the new registered office address here:		, <u> </u>		
Name of New Registered Agent:				
New Registered Office Address:	Enter Flori	da street address		
		, 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 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 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>	<u>Address</u>		Type of Action
AMBR	Amy Haeffner	215 De Delray	epot Ave, Ste 105, Beach, FL 33444	X Add
				□Remove
			<u> </u>	□ Add
				□Remove
		215 Depot Ave, Ste 105, Delray Beach, FL 33444 Remove Change	□Change	
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record specifies a delayer is filed.	ed effective date, bu	t not an effective time	:, at 12:01 a.m. on t	he earlier of: (b)	The 9	Ot h da y af	ter the
ated July 14	Signature	of a member of authors	ner g	Inu (Hal	A.	gŲ.
		Amy Haeff	ner	12		- V	\bigcap
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