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COVER LETTER

TO:

	stration Se- ion of Cor			
	sca Frust M	anagement, LLC		
SOBJECT: _		Name of Lim	ited Liability Company	
The enclosed /	Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Picase return a	di correspo	ndence concerning this matter	to the following:	
		Ingrid Mason		
			Name of Person	
			Firm/Company	
		PO Box 8576		
			Address	
		Delray Beach, FL 33482		
			City/State and Zip Code	
		ingrid.mason7@gmail.com	to be used for future annual report no	
For further inf	ormation co	n-mail address: (i oncerning this matter, please ca		titleation)
Lissel Muson			561 414-8214 at ()	
	Name of	Person	at () Area Code — Dayti	me Telephone Number
I ne caed is a c	theck for th	ne following amount:		
≅ \$25,00 Fil	ling 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)
	ing Addres stration S		<u>Street Address:</u> Registration S	ection
Divi	sion of C	orporations	Division of Co	orporations
	Box 632 diassee, F	/ FL 32314	The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sea Frust Management, LLC		<u>-</u>	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny as it now appears on ot Liability Company)	ir records.)	
The Articles of Organization for this Limited Liability Company	were filed on 07/05/20:	23	_ and assigned
Florida document number 1.23000319678			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
SeaTrust Funding & Management, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			<u><</u>
(Principal office address MUST BE A STREET ADDRESS)			
		2	}
Enter new mailing address, if applicable:			
(Muiting address MAY BE A POST OF FICE BOX)		<u> </u>	
22. If amending the registered agent and/or registered office	address on our record	s, <u>enter the name</u>	of the new regis
pgent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida sti	vet 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 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
			□Add
		· · · · ·	□Remove
			Change
			□Add
			□Remove
			□Add
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Page 2 of 3

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