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## **COVER LETTER**

	stration Sec sion of Corp			
	SEAVIEW (	CONSTRUCTION GROUP, I	LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		RICHARD LAMONTAGE	NE	
			Name of Person	
		SEAVIEW CONSTRUCT	TON GROUP, LLC	
			Firm/Company	
		1232 BAY VIEW WAY		
		**************************************	Address	<del></del>
		WELLINGTON, FL 33414	4	
			City/State and Zip Code	
		richard@lauryan.com	to be used for future annual report noti	Gustian
11 - 22 - 24 - 11 - 11 - 12 - 12	c			neation
		ncerning this matter, please ca		
RICHARD LAMONTAGNE		361 756-4810 at ()		
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for the	following amount:		
<b>≡</b> \$25.00 Fi	ling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEAVIEW CONSTRUCTION GROUP, LLC

2024 NOV 15 PH 2: 14

(Name of the Limited List (A Flo	orida Limited Liabili	ty Company)	records.)
The Articles of Organization for this Limited Liability		filed on 11/01/2024	and assigned///
Florida document number L24000465033	<del></del> -		
This amendment is submitted to amend the following	j.		
A. If amending name, enter the new name of the li	limited liability	company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Co	ompany," the designatio	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD.	<u>DDRESS)</u>		
			<del></del>
Enter new mailing address, if applicable:	_	·	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		·
	_		
B. If amending the registered agent and/or registered agent and/or the new registered office address here		ess on our records,	enter the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.		Enter Florida street	address
			, Florida
		Tig	Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:		
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	d complete perf d agent as provi tered office addi	ormance of my dut ded for in Chapter	es, and I am familiar with and 605, 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>	<u>Name</u>	Address	Type of Action
AP	FABRICE LHEUREUX	3060 PERRIWINKLE CIRCLE	
	* Last Name + Street address Spelled wrong	DAVIE, FL 33328	□Remove
	Street accords		<b>■</b> Change
			□Add
		<del></del>	□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Add
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			□Change

D. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
(If an effective dat Note: If the date	e, if other than the date of filing:
If the record specifi record is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Vovember 5th 2024.
	Signature of a member or authorized representative of a member
	Rychard Lamontagne Typed or printed name of signee