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Certified Copies	Certificates	of Status
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## **COVER LETTER**

Division of Cor	porations				
SUBJECT:	155 Seabre	eze, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Mark Martis, COO				
		Name of Person			
	Imperial Capital Asset M	anagement, LLC			
		Firm/Company			
	3801 PGA Boulevard, Su	3801 PGA Boulevard, Suite 603			
		Address			
	Palm Beach Gardens, FL	33410			
		City State and Zip Code	······································		
	nimartis@imperialcapital.		es.		
	E-mail address. (	to be used for future annual report notifica	dien)		
For further information c	oncorning this matter, please ea	all:		( m - 12 m	
Mark Martis		at (310 ) 246-3674 Area Code Daytime T	$\Sigma_{ij}^{ij}$ $\overline{\omega}$		
Name c	f Person	Area Code Daytime T	2025 JAN 13 PH 2: 28 To L Link SEE, FL		
finelosed is a check for the	he following amount:		28 FL		
□ \$25 00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

TO:

Registration Section

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

I	55 Seabreeze, LLC	
(Name of the Limited L.) (A.F.	iability Company as it now appears on our record forda Limited Liability Company)	<u>18.</u> 1
The Articles of Organization for this Limited Liabil	ity Company were filed on January 8, 2025	and assigned
Florida document number 1.25000009201		
This amendment is submitted to amend the followin	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "i.l.t	"or tae abbrexia.io , "f (f ), "
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BON  B. If amending the registered agent and/or registered		2028 JAH.
agent and/or the new registered office address he	ere:	
Name of New Registered Agent:		FE 2
New Registered Office Address:	Emer Florida sire: t addr.	28 ATE
-	F)	orida Zip Com
		•

## 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	<u>Ty</u>	pe of Action	
MGR	Imperial Capital Asset Managemen	3801 PGA Boulevard, Suite 603		• Add	
		Palm Beach Gardens, FL 33410		Remove	
		·		Change	
MGR	ICAM Holdings, LLC	3801 PGA Boulevard, Suite 603		LAdd	
		Palm Beach Gardens, FL 33410	=	Remeve	
				Change	
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effective date is listed, the ter If the date inserted	in this block does not on the Department of	nd cannot be prior to d meet the applicable	e statutory filing re	quirements, this d	ing. ) Porsuant to	605.0001 /3
cord specifies a delaye s filed.	d effective date, but no	ot an effective time	, at 12:01 a.m. on t	he earlier of, (b)	The 90th day a	ifter the
ed January 9		2025				
	4					
	Sinnan at	member or authorize	ed representative of a	member		

Filing Fee: \$25.00