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#### **COVER LETTER**

TO:	Registration Sec Division of Corp					
SURJE		ECORARO'S SEAQUEST C	CONSTRUCTION LLC			
Name of Limited Liability Company						
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspon	ndence concerning this matter	to the following:			
		Phillip Pecoraro				
		<del></del>	Name of Person	<del></del>		
		Phillip Pecoraro's Seaque	st Construction LLC			
			Firm/Company			
		500 Greve Rd.				
		<del></del>	Address			
		Pensacola, Fl 32507				
			City/State and Zip Code			
		c70442@hotmail.com				
		E-mail address: (	to be used for future annual report noti	tication)		
For furth	her information co	oncerning this matter, please ca	ali:			
Phillp 1	Pecoraro		850 341-0331 at ( )			
	Name of	f Person	Area Code Daytim	e Telephone Number		
Enclose	d is a check for th	ne following amount:				
\$25.	.00 Filing Fee	□ \$30.00 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## PHILLIP PECORARO'S SEAQUEST CONSTRUCTION LLC (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 Liability Company were filed on 03/02/2005 and assigned Florida document number \_\_L05000020831 This amendment is submitted to amend the following: 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 "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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

Florida

Zip Code

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>	Name	Address	Type of Action
MGR	Emzy B Nauert	4400 Lillian Hgwy.	
		Pensacola, FL 32507	□ Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior	r to date of filing or more than 90 days after filing.) Pursuant to 605.020
ocument's effective date on the Department of State's records	cable statutory filing requirements, this date will not be listed as.
e record specifies a delayed effective date, but no The 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier
Oated September 21 2016	
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Typed or printed name of signee

Filing Fee: \$25.00