

L050000071594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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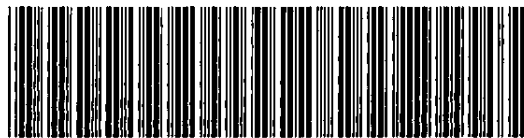
(Business Entity Name)

(Document Number)

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11 OCT 12 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
OCT 13 2011
EXAMINER

COVER LETTER

TO: • Registration Section
Division of Corporations

SUBJECT: SEACREST FLORIDA PROPERTIES, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

COLLEEN C. COLEY
Name of Person

SEACREST FLORIDA PROPERTIES, LLC
Firm/Company

152 BARCELONA DRIVE
Address

JUPITER, FL 33458
City/State and Zip Code

COLLEEN@SEAFP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

COLLEEN COLEY at (561) 747-7717
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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

FILED
11 OCT 12 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SEACREST FLORIDA PROPERTIES, 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 07/21/05 and assigned
Florida document number 205000071594

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

152 BARCELONA DR
JUPITER, FL 33458

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:

COLBEN C COOLEY

New Registered Office Address:

152 BARCELONA DR

Enter Florida street address

JUPITER

City

Florida

33458

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

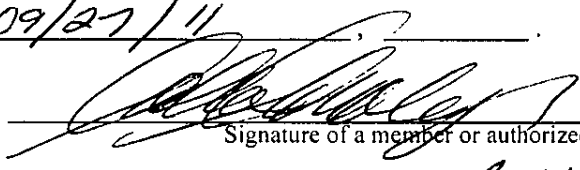
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	COLLEEN C. COOLEY	152 BARCELONA DR JUPITER FL 33458	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	WALTER LESBIAH	3 Hitching Post Circle TEQUESTA FL 33469	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DANIELLE CRAIG	152 BARCELONA DR JUPITER FL 33458	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 09/27/11



Signature of a member or authorized representative of a member

COLLEEN C. COOLEY

Typed or printed name of signee