## 106000083328

(Re	equestor's Name)	<u>.</u>		
(Ac	idress)			
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(Ci	ty/State/Zip/Phone	⊋ #)		
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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

AUG 31 2011

## **COVER LETTER**

TO:	Registration S Division of Co						
SUBJI	·CT·	Se	eaGeeLLC				
30001		Name of Lim	ited Liability Company				
The en	closed Articles o	f Amendment and fee(s) are su	abmitted for filing.				
Please	return all corresp	oondence concerning this matte	er to the following:				
			Christopher George Name of Person		-		
			Name of Person				
			SeaGeeLLC		IATI	20	
			Firm/Company		CR.	= A	-
	6193 Yellow Wood Place		ETARY OF	2011 AUG 30			
			Address		E-1		'n
		s	arasota, Florida, 34241		101 11S	AH 8: 0	
			City/State and Zip Code			<u>.</u>	
			seageellc@gmail.com (to be used for future annual report no				
For fur	ther information	concerning this matter, please	•	mication			
	Chri	stopher George	at ( 941 )	780-0922			
	Name	of Person	Area Code & Dayt	ime Telephone Numbe	er		
Enclos	ed is a check for	the following amount:					
<b>₹2</b> 5	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed) \$60.00 Fixed) Certificated) Certificated	ate of Sta d Copy	atus &	osed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section ion of Corporations Box 6327	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SeaGeeLLC		
(Name of the Limited Liab (A Flor	pility Company as it now appea ida Limited Liability Company)	rs on our records.)	·
The Articles of Organization for this Limited Liabili		08/23/2006	and assigned
Florida document numberL0600083328	<u>.</u> .		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A)	DDRESS)		SEC SEC
	<del></del>	AH	CRETTI
		SS	
Enter new mailing address, if applicable:	<del></del>	<u>_</u>	)
(Mailing address MAY BE A POST OFFICE BOX		70	
		0.A.I.D.	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office:		our records, <u>enter t</u> l	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:	E.	stan Elouida atnoct addi	
	Enter Florida street address		
_	City	, Florida	Zip Code
	City		an cone

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 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>	Type of Action
MGRM	Russell LeGrande	6193 Yellow wood Place Sarasota, Florida, 34241	Add Remove
			Add Remove
			Add Remove
<del> </del>			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter cl	hange(s) here: (Attach additional sheets, if necessa	ZOII AUG 30 AM 8: 01  SECRETARY OF STATE TALLAHASSEE, FLORIDA
Dated	08/29/2011	topher D. Scorge	
		christopher George yped or printed name of signee	

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Filing Fee: \$25.00