## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MATHIS & MURPHY, P.A.

Account Number : I20100000006

Phone : (904)396-5500

Fax Number

: (904)396-5560

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SEASIDE INTERNET, LLC

Certificate of Status Certified Copy 1 Page Count 03 Estimated Charge \$60.00

**EXAMINER** 

Electronic Filing Menu Corporate Filing Menu

Help

## COVER LETTER TO: Registration Section Division of Corporations Seaside Internet, LLC SUBJECT: \_ 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: Laurie M. Lee, Esq. Name of Person Mathis & Murphy, P.A. Firm/Company 1200 Riverplace Boulevard, Suite 902 Address Jacksonville, FL 32207 City/State and Zip Code llee@mathislaw.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 396-5500 Laurie M. Lee, Esq. at (904) Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee 7\$30.00 Filing Fee & 1\$55.00 Filing Pee & **▼**\$60.00 Filing Fee, Certified Copy Certificate of Status & Certificate of Status (additional copy is enclosed) Certified Copy

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

(additional copy is enclosed)

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

Seaside ( <u>Name of the Limited Liability C</u> (A Florida Lin	e Internet, LLC	ears on our records.)	
(A Florida Lin	nited Liability Company	)	
the Articles of Organization for this Limited Liability Com	npany were filed on	October 2, 2006	_ and assigned
lorida document numberL06000096491			
this amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	d liability company h	ere:	
he new name must be distinguishable and end with the words	"Limited Liability Com	pany," the designation "LLG	O" or the abbreviati
L.L.C."		The government	2011
nter new principal offices address, if applicable:		{ }: L:- : !s	
Principal office address MUST BE A STREET ADDRES	<u></u>	क्रिक्	properties.
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nter new mailing address, if applicable:		ርሳ <del>ብን</del> ਅa 'V	. ₩ < □
Mailing address MAY BE A POST OFFICE BOX)		11:	
. If amending the registered agent and/or registere		our records, enter the	name of the ne
egistered agent and/or the new registered office addres	<u>s here</u> :		
Name of New Registered Agent:			
New Registered Office Address:			· · · · · · · · · · · · · · · · ·
	E	Inter Florida street addres	s
		, Florida	

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: (((H11000140788 3)))

MGR = Ma $MGRM = N$	nager Managing Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGRM	Jann Ryles	231 KOOLABREW DRIVE, SUITE A CALABASH NC 28467	☐ Add ☑ Remove	
MGRM_	Mike Ryles	231 KOOLABREW DRIVE, SUITE A CALABASH NC 28467	_ ✓ Add ☐ Remove	
			Add Remove	
			Add Remove	
			Add Remove	
	<del></del>		Add Rcmove	
D. If amend	ding any other informatio	on, enter change(s) here: (Attach additional sheets, if necessary.)	_ C)	
			PH 12: 25	
Dated	May 26	. 2011	_	
	Signa	ture of a member or authorized representative of a member		
		Brad Skidmore, Managing Member Typed or printed name of signee	<del></del>	

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Filing Fee: \$25.00

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