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PICK-UP	☐ WAIT	MAIL
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DHIVISION OF CORPORATIONS

OB JUN 25 PM 1:53

J. BRYAN

JUN 2 6 2008

EXAMINER

COVER LETTER

	tion Section of Corporatio	ons		
SUBJECT: Se	eawell & A	ssociates, LLC	;	8
			ited Liability Company)	_
The enclosed Arti	cles of Amend	ment and fee(s) are sub	mitted for filing.	
Please return all c	orrespondence	concerning this matter	to the following:	
	Che	elsey L. Seawell		
			(Name of Person)	
	Sea	well & Associates, Lt	LC	
			(Firm/Company)	 일
	B O	. Box 4900		08 Wish
	<u>F.O</u>	. 60x 4900	(Address)	OB JUN 25 PH 1:53
				25
	Sea	side, Florida 32459	(City/State and Zip Code)	
			(City/State and 21p code)	- <u>-</u> - <u></u>
For further inform	nation concerni	ng this matter, please c	all:	OB JUN 25 PH 1:53
	,			K. T
Chelsey L. Seav			at (904) 472-4730 (Area Code & Daytime T	alambana Numbon
	(Name of Perso	n)	(Area Code & Daytime 1	elephone Number)
Enclosed is a che	ck for the follo	wing amount		
\$25.00 Filing		30.00 Filing Fee &	\$55.00 Filing Fee &	□\$60.00 Filing Fee,
4 \$23.00 Thing	I OC SEMP.	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:		STREET/COURIER	ADDRESS:	
•	Registration Section Registration Section Division of Corporations Division of Corporations		ons	
.,µ	P.O. Box 632' Tallahassee, F	7	Clifton Building 2661 Executive Center	•
	i alialiassee, f	<i></i>	Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

08 JUH 25	SECRETATE CORPOR	THE CHEST
	1:53	TIONS.

	y Hargarten Inte			in S
(Name of the Limited	Liability Compa Florida Limited I	ny as it now app Liability Compan	oears on our records.)	
The Articles of Organization for this Limited L Florida document number	iability Company			and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company	<u>here</u> :	
	eawell & Associat	<u> </u>		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Co	mpany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		309 East Ru	ıskin Place	
		Seaside, Florida 32459		
Enter new mailing address, if applicable:		P.O. Box 49	00	
(Mailing address MAY BE A POST OFFICE BOX)		Seaside, Flo	Seaside, Florida 32459	
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:		e: eawell	on our records, <u>enter th</u>	
	Seaside		, Florida <u>_32</u>	
		(City)		(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>	Address	Type of Action
MGRM	Chelsey S. Hargarten	96015 Long Beach Drive Fernandina Beach, Florida 32034	Add Remove
MGRM	Chelsey L. Seawell	309 East Ruskin Place Seaside, Florida 32459	Add Remove
			Add Remove
			Add Remove
			Add Remove
	, 		Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE OR JUN 25 PH 1:58
Dated	June 23 Signature of a n	2008 . Lawfiller or authorized representative of a member	
		Chelsey L. Seawell Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00