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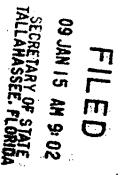
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D. BRUCE
JAN 16 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corpo			•
SUBJECT:	aterpoint (Name of Limite	Holoingo C ed Liability Company)	
The enclosed Articles of Ar	nendment and fee(s) are subm	itted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
	_ David	(Name of Person)	
	_ Sound Waterpa		
		(Firm/Company)	
	4914	Pacifice Con	H
		(Address)	7 00 0
	PBa	Florido	F LECRE LLAH
	(1	City/State and Zip Code)	N I
For further information cond	cerning this matter, please call	:	
David (Name of F	Person)	at <u>S6/) 69/-//</u> (Area Code & Daytime T	Shape
Enclosed is a check for the f	following amount:	wady Po	•
\$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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 18, 2008

DAVID BOWDEN 4914 PACIFICO COURT PALM BEACH GARDENS, FL 33418

SUBJECT: SEASHORE GENERAL CONTRACTORS, LLC

Ref. Number: L08000003684

FILED

09 JAN 15 AM 9: 02

SECRETARY OF STATE

AND ASSEE FLORID

We have received your document for SEASHORE GENERAL CONTRACTORS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 508A00060913

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Seashou	General	Contre	color	<u> </u>		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it nov Limited Liability Co	<u>w appears on our r</u> mpany)	ecoras.			
The Articles of Organization for this Limited Liability (Company were filed	10n 1/11/2	<i>১</i> ০ গ	_ and assigned		
Florida document number 5 6000 3684	·			•		
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lim	ited liability comp	oany here:				
LucterPoint	HOLDINE	s LL	<i>-</i>			
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liabilit	y Company," the do	esignation "LL	C" or the abbreviation		
Enter new principal offices address, if applicable:	491	14 faco	FICO E	ought		
(Principal office address MUST BE A STREET ADD	RESS) PE	oa Fl	A	र्थे \		
			339/8	2		
			F	2 0		
Enter new mailing address, if applicable:	-		52	- (-)		
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	2		
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:						
		\circ)			
Name of New Registered Agent:	Dama	Bouch				
New Registered Office Address:	1914 Pac	<u> </u>	ut			
	00	,	da street addre	. 44		
	PBL_	,	Florida	334 NO		
	(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 amendin	ng the Managers or Managing Members on ng Member being added or removed from o	<u>gur records</u> :	nd address of each Manager
MGR = M	anager Managing Member	denotes 4	
<u>Title</u>	<u>Name</u>	Address	Type of Action
)	Devea Douth	Some	Add Remove
IP_	Brent Anderson	San	Add Remove
<u> </u>	John Bason	SAME	Add Remove
<u>-0.</u>	LISA BODOW	Same	Add Remove
	·		Add Remove
			Add Remove
D. If amen	nding any other information, enter change(s	s) here: (Attach additional sheets, if nec	cessary.)
_	-		
		· · · ·	
Dated	Dand, &	Dave)	
•	Signature of a member or	authorized representative of a member	

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00