

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000253260 3)))



H080002532603ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062

Phone : (323) 962-8600

Fax Number : (323) 962-3889

FILED
 08 NOV 10 AM 9:33
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

RECEIVED

08 NOV 10 PM 1:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG
 RESIGN**

SEASCAPES ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0

EXAMINER

NOV 12 2008

S. HAWKES

Division of Corporations

Page 2 of 2

Page Count	04
Estimated Charge	\$25.00

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEASCAPES ENTERPRISES, 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:

Francyne Carrillo
(Name of Person)

Legalzoom.com, Inc.
(Firm/Company)

7083 Hollywood Blvd., Suite 180
(Address)

Los Angeles, CA 90028
(City/State and Zip Code)

For further information concerning this matter, please call:

Francyne Carrillo at (323) 962-8600
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed). | <input type="checkbox"/> \$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

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

SEASCAPES ENTERPRISES, 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 10/10/2008 and assigned
Florida document number L08000095952.

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."

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: _____

New Registered Office Address: _____

(Enter Florida street address)

_____, Florida

(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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Charles J. Hoffman	2220 COUNTY RD. 210 WEST, SUITE 108 ST. JOHNS FL 32259 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Charles E. Hoffman	2220 COUNTY RD. 210 WEST, SUITE 108 ST. JOHNS FL 32259 US	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
NOV 10 9 38 AM '08
TALLAHASSEE, FL
CLERK OF COURT
JENNIFER L. HARRIS

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

Dated Nov 10, 2008

Cynthia Magnus

Signature of a member or authorized representative of a member

Cynthia Magnus, Member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00