

# L11000052891

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2011 MAY 10 PM 12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

MAY 11 2011

EXAMINER

**COVER LETTER**

ATTN  
Carolyn

TO: Registration Section  
Division of Corporations

SUBJECT: SEABREEZE HOMES OF KEY LARGO 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:

ALISA MURPHY

Name of Person

Firm/Company

8857 HICKORY HAMMOCK RD

Address

MILTON FL 32583

City/State and Zip Code

MURPHSPAD@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALISA MURPHY

Name of Person

at ( 850 )

261-9149

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$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

**C. LEWIS**

MAY 11 2011

**EXAMINER**

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2011 MAY 10 PM 10 10

SEABREEZE HOMES OF KEY LARGO 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 05/04/2011 and assigned  
Florida document number L11000052891

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: ALISA MURPHY

New Registered Office Address: 8857 HICKORY HAMMOCK RD

Enter Florida street address

MILTON, Florida 32583  
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	ANTHONY R WILLIAMS	2327 BRIGHTVIEW PLACE CANTONMENT FL 32533	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	GREGORY S ENGLISH	8828 KLONDIKE RD CANTONMENT FL 32533	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	GREGORY S ENGLISH	8828 KLONDKIE RD CANTONMENT FL 32533	<input checked="" 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

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

Please ADD FEID

45-2094058

Dated

5/6 2011

Signature of a member or authorized representative of a member

GREGORY S WILLIAMS

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAY 10 PM 10:12

FILED