L11000 123404

(Re	questor's Name)	
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COVER LETTER

Div	ision of Col	rporations				
SUBJECT:	Seaside En	gineering & Surveying, LLC.				
Name of Limited Liability Company						
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Kevin M. Helmich				
			Name of Person			
	Beggs & Lane, RLLP					
			Firm/Company			
	P.O. Box 5499					
			Address			
		Destin, FL. 32540				
			City/State and Zip Code			
		kmh@beggslane.com				
		E-mail address: (to be used for future annual report notif	ication)		
For further in	nformation c	oncerning this matter, please ca	all:			
Kevin M. He	elmich		850 650-4747 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for the	he following amount:				
■ \$25.00 F	iling 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:

TO:

Registration Section

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

Seaside Engineering & Surveying, LLC.			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our i Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number L11000123404	were filed on $\frac{10/28/2011}{}$	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	114 East Cedar Avenue		
Principal office address MUST BE A STREET ADDRESS)	Crestview, FL. 32536		
		至	
Enter new mailing address, if applicable:		1/2 on 1/2	
Mailing address MAY BE A POST OFFICE BOX)		TC T : 11	
•			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		cords, enter the name of the r	
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street a	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dan Bowers	114 East Cedar Avenue	
		Crestview, FL. 32536	■ Remove
			Change
MGR	Kent Stewart	114 East Cedar Avenue	□ Add
		Crestview, FL. 32536	Remove
			Change
			Add
			Remove
			☐ Change
·			□ Add
			Remove
			□ Change
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Mective date, if other than an effective date is listed, the dat	the date of filing:			(optional)	
ocument's effective date on t	us block does not meet (	he applicable statutor	y filing requirement	s and ming.) Pursu is, this date will n	ot be listed as the
e record specifies a del The 90th day after the	ayed effective date, record is filed.	but not an effect	tive time, at 12:	:01 a.m. on th	e earlier of:
May 20	20	16			
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	of Che	er of authorized represe	nistive of a member		<u> </u>
	Signature of a memb	or or authorized represe	mante at a membel		EEN A
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		Page 3 of 3			CS OF S
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