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SEP - 4 2013 J. BRYAN

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT

## SEABLISS AT SIGNATURE BEACH, 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:

AMANDA NELSON

Name of Person

TOM SHANNON CPA PC

Firm/Company

**4206 GLENCLIFF AVE** 

Address

KINGMAN, AZ 86401

City/State and Zip Code

MAY@TOMSHANNONCPA.COM

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

For further information concerning this matter, please call:

AMANDA NELSON

Name of Person

<sub>#/</sub>928<sub>\</sub>377**-**3368

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEABLISS AT SIGNATUR	Liability Company as it now app	ears on our records.)
()	A Florida Limited Liability Company	)
The Articles of Organization for this Limited L	iability Company were filed on	5/03/2012 and assigned
Horida document number L12000060148		
, fortula decidine in manifect	·	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company l	iere:
· SEABLISS PROPERTIES AND INVE	STMENTS, LLC	
The new name must be distinguishable and end wi		npany," the designation "LLC" or the abbreviation
T.L.C."		
Enter new principal offices address, if applie	cable:	
(Principal office address MUST BE A STREI	ET ADDRESS)	
		الم المراجعة
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	ROY)	Ç., O
Committee of the control of the cont		क्रिता 🔁
•		
B. If amending the registered agent and	or registered office address o	n our records, enter the name of the new
registered agent and/or the new registered of		
	BRITTANY M. SINNET	r
Name of New Registered Agent:	DRITTANT W. SINNET	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	90 MEIGS DR.	
		Enter Florida street address
	SHALIMAR	. Florida 32579 Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as register		s capacity. I further agree to comply with ce of my duties, and I am familiar with and
accept the obligations of my position as reg		
being filed to merely reflect a change in the	registered office address. Ther	
company has been notified in writing of this	s change.	To Sand The
	If Changing Registered	Agent Signature of New Registered Agent

Page 1 of 3

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 = Ma MGRM = N	nager fanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		en e	Remove
			Remove
			<del></del>
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			Remove
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			Add
			Remove

D. If ame	ending any other information	on, enter change(s) here: (Attach additional sheets, if necessar	y.)
-			
- -			
-			<del></del>
Dated	8/20/€	<u>, 1613</u> .	
	Signs DIANE BELL	ature of a member or authorized representative of a member	

Page 3 of 3
Filing Fee: \$25.00

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