# 12000152433

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE

#### **COVER LETTER**

TO:

Registration Section .
Division of Corporations

A. 3.

# SEABOARD TOOL LLC

SUBJECT:

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:

# JONATHAN GOLDEN

Name of Person

# BOSTON FINANCE GROUP, LLC

Firm/Company

## 4912 CREEKSIDE DRIVE

Address

# CLEARWATER, FL 33760

City/State and Zip Code

### JG@BOSTONFINANCEGROUP.COM

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

For further information concerning this matter, please call:

## JONATHAN GOLDEN

,<sub>727</sub>、894-6520

Name of Person

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

#### SEABOARD TOOL 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 DECEMBER 6, 2012	and assigned
Florida document number L12000152433		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
SEABOARD MANUFACTURING LLC		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC"	or the abbreviation
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)		
Training warress 17711 BL 711 GGT OTTTCE BOA		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		name of the new
registered agent and/or the new registered office address here	# <b>7</b>	್ಷ ಪ
Name of New Registered Agent:		R M
		₹ 28 <del> </del>
New Registered Office Address:	Enter Florida street address	Y P P
	<u> </u>	
<del></del>	, Florida	ip-Code
New Registered Agent's Signature, if changing Registered Agent:	•	<i>:</i>

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 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			<u></u>
			Add
			Remove
			Remove
			Add
			Remove
			Remove
			•
	<del></del>		Add
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			Add
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If amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
<del></del> /	γ
	,
ated MAY 24	2013
	1W 2
	Signature of a member or authorized representative of a member
JON	IATHAN GOLDEN

Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00