

L12000152433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

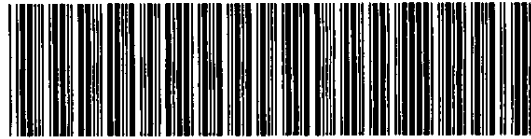
Certified Copies _____ Certificates of Status _____

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13 MAY 28 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SEABOARD TOOL 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:

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

Name of Person

727 894-6520

at ()

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

SEABOARD TOOL LLC

Page 1 of 3

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13 MAY 28 AM 10:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA
Press
Zip Code

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:

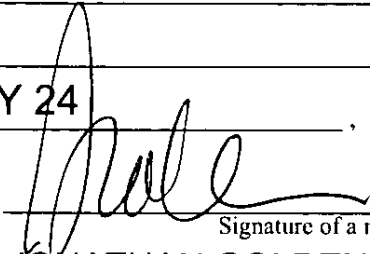
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated MAY 24, 2013



Signature of a member or authorized representative of a member

JONATHAN GOLDEN

Typed or printed name of signee

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Filing Fee: \$25.00