113000028668

(Re	questor's Name))
(Ad	dress)	
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(Cit	ry/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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	R	eceived Jun 23
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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 27, 2021

JEFFRY MULLINS 8770 W. ORCHID ISLAND CIRCLE VERO BEACH, FL 32963

SUBJECT: SEA-DEUCED LLC Ref. Number: L13000028668

We have received your document for SEA-DEUCED LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 221A00011458

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

CUBICCT.	SER-DEUCE	ed LLC		
SUBJECT:	Name of Lim	ited Liability Company	·	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	JEFFR	y Mullins		
-		Name of Person		
	· 	Firm/Company	*****	
			10.6	
	8776 W	Orchid Is/AM	d CIRCLE	
	Vedo Re	PCH F/ 32	963	
		City/State and Zip Code		
	JFF 44:	z3 @ 1cloud. to be used for future annual r	com enort notification)	
For further information c	`		•	⊘
Jeffry 1	Mullins	at (704)	907-952	Number 82
Kame o	f Person	Area Code	Daytime Telephone	: Number 23
Enclosed is a check for the	ne following amount:	all:at (<u>704</u>) Area Code		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy radditional copy is encl	osed) (60.00 Filing Ree, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration	Section		tion Section	
Division of C P.O. Box 632			n of Corporation atre of Tallahass	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEA-Deuce	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8770 W. OLCHE ISLAND Cr.
Principal office address MUST BE A STREET ADDRESS)	1970 W. OLCHE ISLAND Cr. Vero Beach, Fl 32963
Enter new mailing address, if applicable:	8770 W. Orch. d. Island Circle Vero Beach, Ft. 32963
Mailing address MAY BE A POST OFFICE BOX)	VERO BEACH, FT. 32963
D. If amonding the registered agent and/or registered affice	address on our records, enter the name of the new registered
gent and/or the new registered office address here:	Address on our records, enter the name define new-registero
Name of New Registered Agent: 7	THE EFFRY V. Mullius = 5
New Registered Office Address: 8:	790 W. Orchid Island Corde
	Enter Florida street address O GEACH , Florida 32943 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>	Name	<u>Address</u>	Type of Action
Mgr	DAVIL Kucsma	8815 W. OLCHID ISLAND CIA Vero BRACK F/ 32963	□Add
		•	-/
		# 402	DRemove
•		· 	□ Change
mgr.	Richelle BlAIR	8815 W. Orchid Island CA	□Add
		# 402	,
		Vero BEACH, Ft. 82963	E Remove
		Leso Benest, Ft. 32918	· □Change
Mgr.	JEFFAY Mullius	8770 W. Orchod Island C	M. PAdd
	•	Vero Beach, Ft. 32463	□Remove
		<u></u>	□Chan��
Mgr. CAROLYN Mullins	CAROLYN Mullins	8770 W. orchid Island	Q SANOT
		Vero BLACH, Fl 32963	Remove D
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effective date is lister. If the date in:	other than the date steed, the date must be specified in this block do e date on the Departm	ecific and cannot be ses not meet the	applicable statu	filing or more than tory filing require	(option: 90 days after fili ements, this da	ng.) Pursi	uant to 605.0. not be listed
s filed.	delayed effective date,					The 90th	i day after t
ed June	L 14, 2021 Siffy Signat JEFFA		·				
	Heller 1	Mullias					<u>.</u> _