

L13000031853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

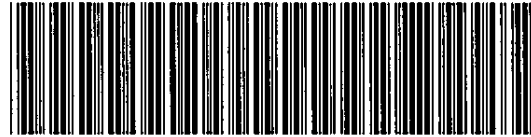
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
13 OCT 25 AM 11:30
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Seaway Drive Holdings 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:

Marion Paul Broome

Name of Person

Seaway Drive Holdings LLC

Firm/Company

P.O. Box 1759

Address

Stuart, Florida 34995

City/State and Zip Code

mpbroome@hotmail.com

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

For further information concerning this matter, please call:

Marion Paul Broome

Name of Person

at (772) 528-4137

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

13 OCT 25 AM 11:30
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Seaway Drive Holdings 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 March 1, 2013 and assigned
Florida document number L13000031853.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

n / a

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

n / a

n / a

n / a

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

n / a

n / a

n / a

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

n / a

New Registered Office Address:

n / a

Enter Florida street address

n / a

Florida

n / a

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 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.

n / a

If Changing Registered Agent, Signature of New Registered Agent

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

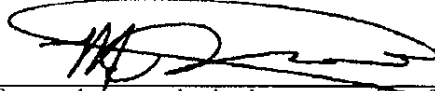
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Marion Paul Broome	163 S Sewalls Point Road	<input type="checkbox"/> Add
		Stuart, FL, 34996	<input checked="" type="checkbox"/> Remove
MGRM	Inlet Ventures LLC	P.O. Box 1759	<input checked="" type="checkbox"/> Add
		Stuart, FL 34995	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

13 OCT 25 11:30
 STATE OF FLORIDA
 TALLAHASSEE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

n / a

Dated October 18, 2013



Signature of a member or authorized representative of a member

Marion Paul Broome

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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STATE
TALLAHASSEE, FLORIDA