117000071857

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000254793380

01/03/14--01005--001 **25.00



A 1 2003



January 8, 2014

MARION BROOME PO BOX 1759 STUART, FL 34995

SUBJECT: SEAWAY DRIVE HOLDINGS LLC

Ref. Number: L13000031853

We have received your document for SEAWAY DRIVE HOLDINGS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

Letter Number: 814A00000458

COVER LETTER

		₹	
SUBJECT:	Seaway Drive Holdings LLC		
	Name of Limit	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Prison of Corporations The Seaway Drive Holdings LLC Name of Limited Liability Company Sed Articles of Amendment and fee(s) are submitted for filing. In 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) r information concerning this matter, please call: Marion Paul Broome Name of Person at (772) 528-4137 Name of Person Area Code & Daytime Telephone Number		
		Name of Person	
	s	eaway Drive Holdings LLC	
		Firm/Company	
		Pay Drive Holdings LLC Name of Limited Liability Company Iment and fee(s) are submitted for filing. 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) Ing this matter, please call: Ome at (772) 528-4137 Area Code & Daytime Telephone Number Wing amount: 10.00 Filling Fee & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)	
		Address	
		Stuart, Florida 34995	
		City/State and Zip Code	
			
	·	·	ion)
For further information	concerning this matter, please ca	all:	
	· · · · · · · · · · · · · · · · · · ·		alanhana Numbar
Nanc	011013011	Area Code de Daytime Te	diephone Number
Enclosed is a check for	the following amount:		
20 \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

·	ve Holdings LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears o d Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Compa	ny were filed onMa	rch 1, 2013	and assigned
Florida document numberL13000031853			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
n/a			
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Company,	" the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	n/a		
(Principal office address MUST BE A STREET ADDRESS)	n/a		
	n/a		
	 		(A) (O) (A)
Enter new mailing address, if applicable:	n/a	r	
(Mailing address MAY BE A POST OFFICE BOX)	n/a	r	
	n/a		32 SD 1987
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		records, enter t	he name of the new
registered agent and/or the new registered office address in	ere;		
Name of New Registered Agent:	n/a		
New Registered Office Address:	n/a		
	Enter	Florida street addı	ress
	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 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>	Name	Address	Type of Action
MGRM	Karen Poller	1424 SE Macarthur Blvd.	Add
		Stuart, FL, 34996	Remove
MGRM	KLP Investments LLC	1424 SE Macarthur Blvd.	✓Add
		Stuart, FL, 34996	Remove
		· .	Remove
			Add
			Remove
			Remove
			Add
			Remove

D. If am	mending any other information, enter change(s) here: (Attach additional sheets, if nec	essary.)
•	n/a	
		
ated	December 30 2013	
		2
	Signature of a member or authorized representative of a member	
	Karen Poller	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

19 JE27 Fa 50 9