

L B 0 0 0 0 6 5 6 1 2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

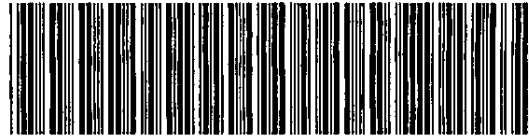
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUN 12 AM 11:26

JUN 13 2013

T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SEASIDE REALTY of BREVARD 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:

JOHN S. GAL

Name of Person

SEASIDE REALTY of BREVARD LLC

Firm/Company

102 W. CENTRAL BLVD

Address

CAPE CANAVERAL, FL 32920

City/State and Zip Code

JOHNSALREALTOR@gmail.com

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

For further information concerning this matter, please call:

JOHN S. GAL

Name of Person

at ( 321 ) 427-9409

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SEASIDE REALTY OF BREVARD 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 5/3/13 and assigned

Florida document number L13000065612

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This amendment is submitted to amend the following:

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

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)

102 WEST CENTRAL BLVD.  
CAPE CANAVERAL FL 32920

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

102 WEST CENTRAL BLVD  
CAPE CANAVERAL FL 32920

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:

JOHN S. GAL

New Registered Office Address:

102 W. CENTRAL BLVD

Enter Florida street address

CAPE CANAVERAL, Florida 32920

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.

John S. Gal

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	John S Gal	46 River Falls Drive	<input checked="" type="checkbox"/> Add
		Cocoa Beach, FL 32931	<input type="checkbox"/> Remove

MGRM	MARY GAL	46 RIVER FALLS DRIVE	<input checked="" type="checkbox"/> Add
		COCOA BEACH, FL 32931	<input type="checkbox"/> Remove

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

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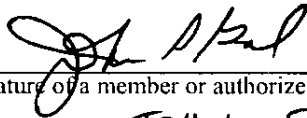
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Dated 6/11, 2013.



Signature of a member or authorized representative of a member

JOHN S. GAL

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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