

L13000152740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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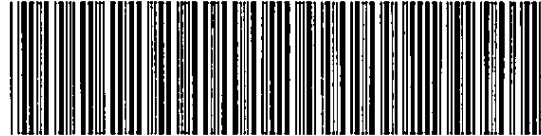
(Business Entity Name)

(Document Number)

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STATE OF  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SHELLEY'S LELLOW, 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:

SHELLEY K. MCKERNAN

Name of Person

Firm/Company

~~174 PALM DRIVE, UNIT 2~~

628 8th St. N. #5

Address

~~NAPLES, FL 34112~~

Naples, FL 34102

City/State and Zip Code

~~SHELLEY@LELLOW@GMAIL.COM~~

seashelley@sea-shelley.com

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

For further information concerning this matter, please call:

SHELLEY K. MCKERNAN

239

248-1475

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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

19 MAY 12 PM 3:04

FILED  
IN DEPT. OF STATE  
DIVISION OF CORPORATIONS

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

SHELLEY'S LELLOW, 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 10-29-2013 and assigned  
Florida document number L13000152740.

This amendment is submitted to amend the following:

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

SEA SHELLEY, LLC

The new name must be distinguishable and contain 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)**

174 PALM DRIVE, UNIT 2 628 8th St. N #5  
NAPLES, FL 34112 Naples, FL 34102

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

174 PALM DRIVE, UNIT 2 628 8th St. N #5  
NAPLES, FL 34112 Naples, FL 34102

**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:

New Registered Office Address:

Enter Florida street address

City, Florida 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 10TH 2019

  
Signature of a member or authorized representative of a member

Typed or printed name of signee