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(((H19000300238 3)))



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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : WARD, DAMON & POSNER, P.A.

Account Number : 072262000447

Phone

: (561)842-3000

Fax Number

: (561)842-3626

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email addness please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SEAHORSE COTTAGE, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H19000300238 3)))

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		37	97.0
The Articles of Organization for this Limited L	iability Company were filed	1/16/2014	and assigned
on Florida document number <u>L140000085</u> 35			the name of the new
This amendment is submitted to amend the follo	owing:	ity Company," the designation "LLC" of the abbreviation "LLC."  The address on our records, enter the name of the new it.  Heffernan  Enter Florida street address  h Florida 33483	
A. If amending name, enter the new name of	the limited liability compan	y here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company,"	the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applica	nble:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE)	<u> </u>		<del></del>
B. If amending the registered agent and/or the new registered of	or registered office address fice address here:	on our records, enter t	he name of the new
Name of New Registered Agent:	Carol Marie Heffernan		
New Registered Office Address:	815 Chukker Road	Florida street address	
		**	402
•	Delray Beach	, Florida _33	2lp 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.

and Marie Helfernan
II Chunging Registered Agent, Signature of New Registered Agent

(((H19000300238 3)))

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

Title	Name	Address	Type of Action
AMBR	John A. Landry	815 Chukker Road	Add
	·	Delray Beach, FL 33483	- Remove
			□ Change
AMBR	Carol Marie Heffernan	815 Chukker Road	
		Delray Beach, FL 33483  Change  Change  Change  Change  Change  Change  Add  Change  Add	□ Remove
			₩ Change
			D Add
			□ Rdr Rove
			D Add P
		<del></del>	☐ Remove
			☐ Change
			C Remove
			Change

FAX No. 5618423626

Carol M. Landry, member of the company is n	ow known as Caro! Marie Heffernan	
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fective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior	to date of filing or more than 50 days after filing \ Pursuant to 60	)5.020
ite: If the date inserted in this block does not meet the application current's effective date on the Department of State's records.	ble statutory filing requirements, this date will not be lis	ted a
·		
record specifies a delayed effective date, but not	: an effective time, at 12:01 a.m. on the earl	iae.
The 90th day after the record is filed.	, or or serve time, at 12.01 d.m. on the eart	161 (
ted September 30 2019		
00000		
and Marie H	effernan	
Signature of a member or autho	rized re-le-entative of a member	
Carol M. Landry n/k/a Carol Marie Heffern	an Mauchan	

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