## 1400/5/457

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 30, 2014

MARY BEARDSLEY 1106 DOROTHY ST KINGSPORT, TN 37660

Re: Document Number L14000151457

The Articles of Conversion and Articles of Organization were filed September 29, 2014, with an organizational date deemed effective June 23, 2013, for SEABREEZE MPJ ENTERPRISES, LLC, the resulting Florida Limited Liability Company.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the filed date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added. It is your responsibility to remember to file your annual report in a timely manner.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Contact the IRS at 1-800-829-4933 for an SS-4 form or go to www.irs.gov.

Should you have any further questions concerning this matter, please feel free to call (850) 245-6051, the Registration Filing Section.

Deborah Bruce Regulatory Specialist II Division of Corporations

Letter Number: 014A00020891

## **COVER LETTER**

ť,

TO: Registration Section ' Division of Corporations
SUBJECT: Seabreeze MPJ Enterprises 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:
Mory C Beardsley Name of Person
Seabreeze MPT Enterprise LLC
1106 Dorothy St Address
Kingspart TN 37660  City/State and Zip Code
Pm beardaley@yahoo.con  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mary C Beard ley at (386) 956-1828 cen (386) 956-1509 Business  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee & \square\$ \$55.00 Filing Fee & \square\$ \$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:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scobreze MPT (Name of the Limited Liability Company	Enterpriser LL	C
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 14000151457</u> .	rere filed on 9/29/14	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
Seabrese MPT Enterprise The new name must be distinguishable and end with the words "Limited Liability	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Man C Beard	sley
(Principal office address MUST BE A STREET ADDRESS)	Many C Beard Seabreeze MPJ	Enterprise LLC
	1106 Dorothy St Kingsport TN 3	7660
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	Same	
B. If amending the registered agent and/or registered office	ce address on our records, enter	the name of the new
registered agent and/or the new registered office address here:		왕의 8
Name of New Registered Agent:	1/n	129 1388E
New Registered Office Address:	V/M	
New Registered Office Address:	Enter Florida street address	- <del> </del>
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree		· • • • • • • • • • • • • • • • • • • •

If Changing Registered Agent, <u>Signature of New Registered Agent</u>

Page 1 of 3

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.

Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member Title **Name** <u>Address</u> **Type of Action** □ Add ☐ Remove ☐ Add ☐ Remove □ Add \_\_\_\_\_\_ Remove □ Add ☐ Remove Add C Remove FLORING 0 \_ Add \_□ Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

D. II amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>-</u>	Make Sure you take the 5" off of
	Make Sure you take the 5" off of the END of word Enterpises! NO PLURAL
(The effect	e date, if other than the date of filing: (optional) ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
(The effect	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
(The effect the date t	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)  10/27, 20/4.
(The effect the date t	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)  10/27, 20/4.  Signature of a member or authorized representative of a member
(The effect the date t	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)  10/27, 20/4.

Page 3 of 3

Filing Fee: \$25.00

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