15000001490

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COVER LETTER

Division of Co			
SUBJECT:	ea Level Desi	gn + Comstructi	on, LLC
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	L150	S. Pelkey Name of Person	
		Name of Person	
	_ Sea Leve	1 Design + Con Firm/Company	struction, LLC
	1887 Beach	Avenue Atlantic !	3.each, FL 32233
		Address	
	Atlantic	Beach, FL. 322 City/State and Zip Code Ilding Egmail. to be used for future annual report noti	33
		City/State and Zip Code	
	Sealevelbu	ilding Egmail.	Com
	e-maii address: (i	to be used for lature annual report not	ncation)
For further information of	concerning this matter, please ca	all:	
LISA S. F	Pelkey	at (<u>904</u>) <u>521</u> Area Code Daytim	4858
Name c	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
5/1 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	ss:	Street Address:	
Registration		Registration Se	
Division of C P.O. Box 632	=	Division of Cor The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sea Level Desi	ign + Constru	ction, LLC
(Name of the Limited Liability Co	•	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 15 000001490</u>	oany were filed on <u>Jan</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	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	5)	
	- <u>-</u>	<u>. </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	C:	Florida Zip Code
	Ciţ	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

111 CARE	uning	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Heather Pelkey	801 Sandpiper LA Ponte Vedra Beach, FL. 32082	_ Ndd
			🗆 Remove
			□Change
			🗆 Add
		····	□ Remove
			Change
· · · · · · · · · · · · · · · · · · ·			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□∧dd
			🗆 Remove

amendii	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
.—-	
	
an effective ote: If th	late, if other than the date of filing:
record spe is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ated	July 3, 2024.
· ~ 	Lisa Selley AWBR Signature of a member or authorized representative of a member
	Lisa S. Pelkey Typed or printed name of signee