

LP000042668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2544

Office Use Only



600277035316

09/18/15--01009--009 **25.00

FILED
15 SEP 18 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 01 2015

S. YOUNG



COPY

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2015

MICHAEL J COOPER, ESQUIRE
321 NW THIRD AVENUE
OCALA, FL 34475

SUBJECT: SEA PAINTING AND PRESSURE WASHING LLC
Ref. Number: L15000042668

FILED
15 SEP 18 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SEA PAINTING AND PRESSURE WASHING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file. *OK*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 515A00019879

CORRECTION HAS BEEN MADE TO NAME. PLEASE COMPLETE PROCESSING AND PROVIDE A CONFIRMATION IN THE ENCLOSED ENVELOPE.

SEP 28 2015

RECEIVED

15 SEP 31 PM 4:24

REGISTRY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEA PAINTING AND PRESSURE WASHING, LLC - NAME CHANGE

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:

MICHAEL J. COOPER, ESQUIRE

Name of Person

MICHAEL J. COOPER, P.A.

Firm/Company

321 NW THIRD AVENUE

Address

OCALA, FL 34475

City/State and Zip Code

rrw@michaeljcooper.com

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

For further information concerning this matter, please call:

Michael J. Cooper, Esquire

352 732-4500

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

FILED
15 SEP 18 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 16 2015

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

SEA PAINTING AND PRESSURE WASHING, 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 03/09/2015 and assigned
Florida document number L15000042668.

This amendment is submitted to amend the following:

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

~~XXXXXXXXXXXX~~ S.E.A. PAINTING OF FLORIDA, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

_____, Florida _____
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 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
15 SEP 18 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
15 SEP 18 PM 4:
SECRETARY OF STA
TALLAHASSEE, FLOR

FILED
15 SEP 18 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **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 16, 2015

X man ltho
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signee