

4500083658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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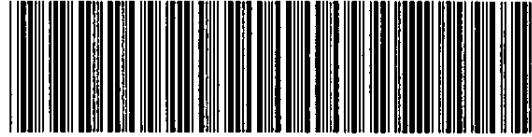
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 14 2015

C. Y. KING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SEACREST MARINER, 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:

WILLIAM GLENN ROY JR

Name of Person

ATTORNEY AT LAW

Firm/Company

411 WEST CENTRAL PARKWAY

Address

ALTAMONTE SPRINGS, FLORIDA 32714

City/State and Zip Code

lori@glenroylaw.com

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Glenn Roy

407 869-6167

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

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

SEACREST MARINER, 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 05/12/2015 and assigned
Florida document number L15000083658.

This amendment is submitted to amend the following:

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

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)

411 WEST CENTRAL PARKWAY

ALTAMONTE SPRINGS, FLORIDA 32714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

411 WEST CENTRAL PARKWAY

ALTAMONTE SPRINGS, FLORIDA 32714

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:

WILLIAM GLENN ROY, JR.

New Registered Office Address:

411 WEST CENTRAL PARKWAY

Enter Florida street address

ALTAMONTE SPRINGS

Florida 32714

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.

(Signature)
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>
MGR	WILLIAM ROY	1485 INTERNATIONAL PKWY	<input type="checkbox"/> Add
		STE 1071	<input checked="" type="checkbox"/> Remove
		LAKE MARY, FLORIDA 32746	<input type="checkbox"/> Change
MGR	WILLIAM GLENN ROY, JR.	411 WEST CENTRAL PARKWAY	<input checked="" type="checkbox"/> Add
		ALTAMONTE SPRINGS, FLORIDA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
SEP 1 1994
FBI - TAMPA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

STATE
OF FLORIDA
JAN 1 1901

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SEP 11 PM 5:41
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated SEPTEMBER 1, 2015

Signature of a member or authorized representative of a member

WILLIAM GLENN ROY, JR.

Typed or printed name of signee