

L15000194376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

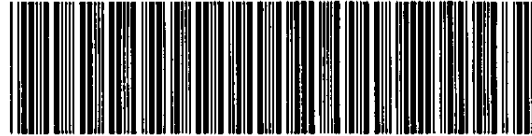
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600280262396

12/09/15--01019--001 **30.00

FILED
15 DEC 18 PM 4:13
SECRET STATE
TULSA COUNTY, OKLA.

Jm 12/21/15



SeaDeals

December 7, 2015

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

~~12/09/15--01019--001~~ **30.00

RE: Amendment to Corporation Filing

Dear Sir or Madam:

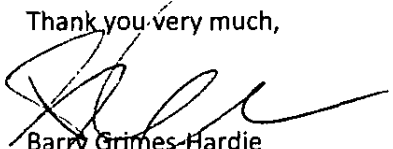
Attached please find our Amendment to our corporation filing of October 27, 2015 document number L15000194376. The amendment is asking for you to remove Concepcion Braza from the filing as soon as possible.

Enclosed please find a payment of \$25.00 to pay for the cost of this change and a \$5 payment for a copy of the Certificate of Status for a total of \$30.00.

Please send your notice to:

Barry Grimes-Hardie
317 California Boulevard
Davenport, Florida 33897

Thank you very much,


Barry Grimes-Hardie
MGR
Seadeals, LLC



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

SEADALS, 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:

BARRY CRIMES-HANDS
Name of Person

SEADALS, LLC
Firm/Company

317 CALIFORNIA BOULEVARD
Address

DAVENPORT, FLORIDA 33897
City/State and Zip Code

BARRY@SEADALS.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARRY CRIMES-HANDS at (407) 860-2624
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

jm
12/21

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

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

SEEDS, 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 10/27/15 and assigned
Florida document number L15000194376

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)

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>
MGR	CONCEPCION BLAZO	317 CALIFORNIA BLVD	☐ Add
		DAVEPORT FL 33607	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

[illegible]

(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)

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

7/18/, 2013.

 Signature of a member or authorized representative of a member

BARRY GAMES-HOLDS
Typed or printed name of signer