

L16000210338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

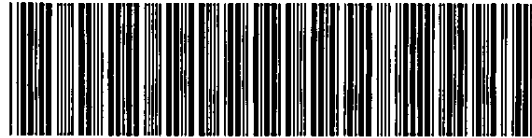
(Business Entity Name)

(Document Number)

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L16-210338

Amend/DC

04/24/18--01032--019 **25.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2018 APR 20 PM 12:45

N. CAUSSEAU

APR 23 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Historical Sculpture LLC.
Name of Limited Liability Company

~~W18-32426~~
116-210338

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SEAN MCGRAW

Name of Person

SEAN S. MCGRAW LLC.

Firm/Company

9069 SE Bridge Rd Ste. A

Address

Hobe Sound, FL 33455

City/State and Zip Code

mcgrawillustration@gmail.com

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

For further information concerning this matter, please call:

SEAN MCGRAW

Name of Person

at (561)

Area Code

644-3845

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

RECEIVED

APR 02 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2018

SEAN MCGRAW
SEAN S. MCGRAW LLC
9069 SE BRIDGE ROAD, SUITE A
HOBE SOUND, FL 33455

SUBJECT: HISTORICAL SCULPTURE LLC
Ref. Number: L16000210338

We have received your document for HISTORICAL SCULPTURE LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 418A00006885

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

Historical Sculpture LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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DIVISION OF CORPORATIONS
2016 APR 20 PM 2:49

The Articles of Organization for this Limited Liability Company were filed on 11/16/2016 and assigned
Florida document number L16000210338

This amendment is submitted to amend the following:

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

SEAN S. MCGRAW LLC

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)

9069 SE Bridge Rd
STE. A
Hobe Sound, FL 33455

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9069 SE Bridge Rd
STE A
Hobe Sound, FL 33455

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
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2008 APR 20 PM 12:4

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

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DIVISION OF REPRODUCTION
2018 APR 20 PM 12:49

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

3/27/2018

Signature of a member or authorized representative of a member

SEAN S. MCGRAW

Typed or printed name of signee