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SALLAHASSEE FLORIDA

FILED

3-14-19

COVER LETTER

Division of Corborations			
SUBJECT: SEWARD	DRIVE Name of Limited Liability	Company	
	Name of Entitled Blasting	ос.п ра ,	
The enclosed Articles of Amendment and	fee(s) are submitted for fil	ling.	
Please return all correspondence concerni	ig this matter to the follow	ving:	
	HERYL +	HANSEN D	ingR
	SEWARD Firm/	DRIVE Z	LC
	220 OS	COLUTU B	LD_
	SPR'n9 City/State	and Zip Code Co UAI future annual report notifica	34607
<u>w;</u>	AKE FROW,	TS C UAT	too, Com
For further information concerning this m	atter, please call:		
Name of Person	at E	262 2/5. Area Code Daytime To	- 5 6 7 3 elephone Number
Enclosed is a check for the following amount	ount:		
\$25.00 Filing Fec \$30.00 Fil Certifica	te of Status Cert	00 Filing Fee & ified Copy tional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEWARD DRI	
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comparison for the Limited Liability Comparison of the Liabili	any were filed or 17, 2017 Eand assenged ARR - 4 MARR - 4 Miability company here:
The new name must be distinguishable and contain the words "Limited L	iability 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	SPRING HILL, FL 34607
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	220 asowaw BLVD Spring Hill, FL 34607
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
SPR	Zing Hill , Florida 34607 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>		Address	Type of Action
ngr	CHERYL	HAMSEN	220 WOWAW BLUD	□ Add
			Spring Hill, FL 3460	Z Remove
				A.Change
ngr	RUSELL	HANSEN	220 WOWN BLVD	□ Add
			Spring Hill FL 3460	Z 🗆 Remove
				Change
AP	CHERUI HA	INSEN FBO	220 OSOWAW BLVD	
	I ITE MANER	YOLK IST	Spring Hill, FL 3461	7□ Remove
				_X Change
AP	RUSELL +	ANSEN FBO	200 asoluta BLA	<u>)</u>
	THE HANSEN	401KPSP	Spring Hill, F/ 346	27 Remove
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				Glange M
			ORIO,	
				Remove
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r ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an eff Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	2/28 , $20/9$
	2/28, 20/9. Constitute of a member or authorized representative of a member
	CHERYL HANSEN

Page 3 of 3

Filing Fee: \$25.00