

L17 000 166 884



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

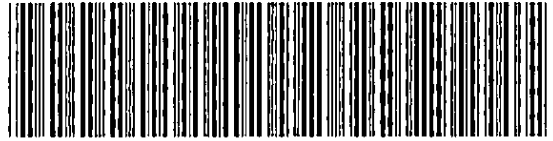
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/02/24--01025--015 \*\*25.00

FILED

2024 FEB -2 PM 5:55

CLERK OF STATE  
TALLAHASSEE, FL

January 29, 2024

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

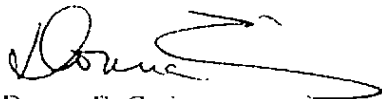
To whom it may concern:

This application is submitted with the intent of

- 1.) changing the name of an LLC (Seabreeze High School Class of 69 50<sup>th</sup> Reunion, LLC),
- 2.) changing the Registered Agent,
- 3.) adding two Managers, and
- 4.) removing two previous Managers.

The new name of the LLC removes the words "50<sup>th</sup> ~~Reunion~~" and now will be:

Seabreeze High School Class of 69 Reunion, LLC



Donna E. Craig  
23 Rivershore Dr.  
Ormond Beach, FL 32176  
386-523-7180  
doecraig@aol.com

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Seabreeze High School Class of 69 50th Reunion, 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:

Donna E. Craig

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

23 Rivershore Dr.

\_\_\_\_\_  
Address

Ormond Beach, FL 32176

\_\_\_\_\_  
City/State and Zip Code

doecraig@aol.com

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

For further information concerning this matter, please call:

Donna E. Craig

386 523-7180  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Seabreeze High School Class of 69 50th Reunion, 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 Aug. 4, 2017 and assigned  
Florida document number L17000166884.

This amendment is submitted to amend the following:

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

Seabreeze High School Class of 69 Reunion, 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)**

23 Rivershore Dr

Ormond Beach, FL 32176

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

23 Rivershore Dr.

Ormond Beach, FL 32176

**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:

Donna E. Craig

New Registered Office Address:

23 Rivershore Dr.

Enter Florida street address

Ormond Beach

Florida 32176

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.	Donna E. Craig	23 Rivershore Dr.	<input checked="" type="checkbox"/> Add
		Ormond Beach, FL 32176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Susie Hegewald	17 Seabreeze Dr.	<input checked="" type="checkbox"/> Add
		Ormond Beach, FL 32176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	William A. Long Jr.	3106 W. Agawan St.	<input type="checkbox"/> Add
		Tampa, FL 33629	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Clarence P. Rideout Jr.	461 45th Ave. NE	<input type="checkbox"/> Add
		Saint Petersburg, FL 33703	<input checked="" 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

[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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**