

# L18 000203426

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

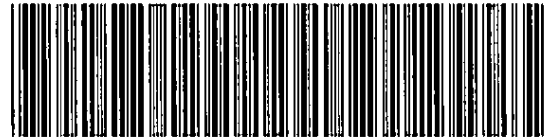
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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02/26/20--01031--018 \*\*60.00

R. WHITE

MAR 17 2020

2020 - 26 17:04

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SEAGO FIRE PROTECTION PENSACOLA, 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:

GUY O SEAGO

Name of Person

SEAGO FIRE PROTECTION PENSACOLA, LLC

Firm/Company

5091 DELACROIX DRIVE

Address

BROOKSVILLE, FL 34604

City/State and Zip Code

GUY@SEAGOFIREPROTECTION.COM

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

For further information concerning this matter, please call:

GUY O SEAGO

850

420-9070

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

200 26 11 7:04

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

PONCE DE LEON, FL 32455

BROOKSVILLE, FL 34604

Zip Code

**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>
AMBR	GUY D SEAGO	7797 CO HIGHWAY 183 S	<input type="checkbox"/> Add
		PONCE DE LEON, FL 32455	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DANA E SEAGO	7797 CO HIGHWAY 183 S	<input checked="" type="checkbox"/> Add
		PONCE DE LEON, FL 32455	<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"/> Remove

[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.

By O. Seago

GUY O SEAGO

**Filing Fee: \$25.00**