L18 000 203426

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	,
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COVER LETTER

TO: Registration Solution of Co.		* ***	e e e e e e e e e e e e e e e e e e e		
	IRE PROTECTION PENSA	COLA, LLC	*		
SUBJECT: '	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	GUY O SEAGO				
		Name of Person			
	SEAGO FIRE PROTECTION PENSACOLA, LLC				
	Firm/Company				
	5091 DELACROIX DRIV	/E			
		Address			
	BROOKSVILLE, FL 346	04			
		City/State and Zip Code			
	GUY@SEAGOFIREPRO		*		
		to be used for future annual report notif	ication)		
For further information of	concerning this matter, please c	all:			
GUY O SEAGO		850 420-9070			
Name o	of Person	at () Area Code Daytimo	e Telephone Number		
Enclosed is a check for t	he 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

SEAGO FIRE PROTECTION PENSACOLA, LLC

2010 23 71 7:04

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

(A Florida Limited Liability Company)

(A ronta Chinea i	Maonity Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000203426	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	2896 N HWY 81	
(Principal office address MUST BE A STREET ADDRESS)	PONCE DE LEON, FL 32455	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5091 DELACROIX DRIVE BROOKSVILLE, FL 34604	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	e of the new registered
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>	Address	Type of Action
AMBR GUY D SEAGO	GUY D SEAGO	7797 CO HIGHWAY 183 S	□Add
		PONCE DE LEON, FL 32455	■Remove
AMBR DANA E SEAGO	DANA E SEAGO	7797 CO HIGHWAY 183 S	≣ Add
		PONCE DE LEON, FL 32455	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
		□Add	
			□Remove
			□Change
			□Add
			□Remove

(If an e Note	tive date, if other than the date of filing:
he reco	ord 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 filed.
Date	February 19th 2020.
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00