1190000 27668

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2010 JUL 15 PD 3-36



COVER LETTER

	n of Corporations
SUBJECT:	Seaworthay Detailine LLC Name of Limited Liability Company
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Monica Gorcia Name of Person
	SeaWorthy Deterlive LLC
	3239 w 2AD Are Hickeah FL 33012
	Hic.leah, FL 33012 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further infor	mation concerning this matter, please call:
Monio	Name of Person at (786) 339 L/753 Area Code Daytime Telephone Number
Enclosed is a che	eck for the following amount:
☑ \$25.00 Filing	g Fee \$\Bigcup \$30.00 \text{ Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Sea Worthy D (Name of the Limited Liabili	etailing LLC.	2019 JUL 15 PD 3: 36					
	ty Company as it now appears on our r Limited Liability Company)	ecords.)					
	1 1	MONTIARY OF CYAT MALLAHASSEE, FLERIDA 1 G and assigned					
The Articles of Organization for this Limited Liability Company were filed on 1 28 16 and assign							
Florida document number L \ 90006 27668	·'						
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the lim	ited liability company here:						
The new name must be distinguishable and contain the words "Lim	ited 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 ADDI	RESS)						
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BOX)							
B. If amending the registered agent and/or regis	tered office address on our re	cords, enter the name of the nev					
registered agent and/or the new registered office add		enter the name of the nev					
Name of New Registered Agent:		 					
New Registered Office Address:							
	Enter Florida street c	uddress					
		_, 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
Cwrer	Monica Garcia	3239 w 2nd Ave Higleoch, FL 33012	<u> </u>
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fan effecti <mark>Note:</mark> If t	ve date is listed, th he date inserted	han the date of a date must be specified in this block does on the Department	ic and cannot be not meet the ap	prior to date of pplicable statu	filing or me etory filing	ore than 90 d	_ (optional ays after filin ents, this dat	g.) Pursuant to	605.02 07 (listed as t
		delayed effecti the record is fi		: not an eff	ective ti	me, at 1	2:01 a.m	. on the ea	rlier of:
Dated	6/20	3		<u>G</u> .					
		Signature	of a member or	authorized repr	esentative	of a member			-

Page 3 of 3

Filing Fee: \$25.00