

L19000 182 461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

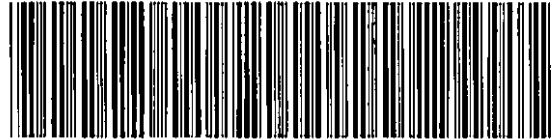
(Business Entity Name)

(Document Number)

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2020 APR -6 PM 2:18

QM  
4/1/20/20

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Seatree Cabinet Company 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:

Rob Cherry (Registered Agent)  
Name of Person

Seatree Cabinet Company LLC  
Firm/Company

2380 WALLER ROAD  
Address

CHIPLEY, FL 32428  
City/State and Zip Code

tim@seatree.pro  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rob Cherry at (940) 500-2675  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" 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 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

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

SEATREE CABINET COMPANY LLC

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

FILED  
2020 APR -8 PM 2:18  
DIVISION OF REVENUE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on July 16, 2019 and assigned  
Florida document number L19000182461.

This amendment is submitted to amend the following:

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

N/A SAME

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)

2380 WALLER RD  
CHIPLEY, FL 32428

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

(Mailing address MAY BE A POST OFFICE BOX)

2380 WALLER ROAD  
CHIPLEY, FL 32428

**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:

N/A SAME

New Registered Office Address:

2380 WALLER RD

Enter Florida street address

CHIPLEY

City

Florida 33248

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.*

N/A SAME

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	SHANE HOLMES	2906 SARA JEAN CT	<input type="checkbox"/> Add
		PANAMA CITY BEACH, FL 32408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DEVIN HOLMES	2906 SARA JEAN CT	<input type="checkbox"/> Add
		PANAMA CITY BEACH, FL 32408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	NO OTHERS		<input type="checkbox"/> Add
			<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"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A NO OTHER CHANGES

E. Effective date, if other than the date of filing: 01 JAN 2020 12:01 AM (optional)

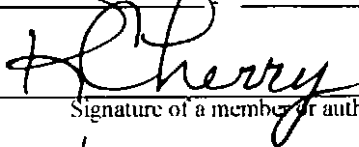
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated

2 APRIL 2020



Signature of a member or authorized representative of a member

Rob Cherry

Typed or printed name of signee