

L19000192087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Q. SILAS
MAR 22 2022

Office Use Only



800383288708

03/11/22--01015--016 **25.00

FILED
2022 MAR 11 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations
SEA BURIALS, LLC

SUBJECT: _____
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:

MICHAEL GRIMM

Name of Person

SEA BURIALS, LLC

Firm/Company

1945 SOUTH OCEAN DRIVE, APT 2002

Address

HALLANDALE BEACH, FL 33009

City/State and Zip Code

MIKE@SEABURIALS.COM

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

For further information concerning this matter, please call:

MICHAEL GRIMM

954 8174634

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

FILED

2022 MAR 11 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FL.

Page 1 of 3

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (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.

MARCH 7

2022

Dated _____, _____

[Signature]

Signature of a member or authorized representative of a member

MICHAEL GRIMM

Typed or printed name of signee