

03/13/2020

13:37 PM PST

TO:18506176383 FROM:9166741357

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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

((H20000071808 3))

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSE EXAM SERVICES

Account Number : I20120000042

Phone : (941)706-2336

Fax Number : (866)473-0571

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

seatekhomes@mail.com

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SEATEK HORIZON, LLC

Certificate of Status	0
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COVER LETTER

(((H20000071808 3)))

TO: Registration Section
Division of Corporations

SUBJECT: Seatek Horizon, 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:

James McLeroy

Name of Person

Seatek Horizon, LLC

Firm/Company

1015 Atlantic Blvd. #188

Address

Atlantic Beach, FL 32233

City/State and Zip Code

seatekhomes@mail.com

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

For further information concerning this matter, please call:

James McLeroy

at (904) 241-2436

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

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AMBR = Authorized Member

[illegible]

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

[illegible]

F. Effective date, if other than the date of filing: _____ (optional)

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) of the Rules of the Commission, this date will not be listed on the public version of this filing.

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 March 3, 2020

Signature of a member or authorized representative of a member

James Mcleeroy

Typed or printed name of signee

Filing Fee: \$25.00