6/18/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200001864163)))



H200001864163ABC

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:		•
	Division of Corporations	
	Fax Number : (850)617-6383	
From:		
	Account Name : LEGALZOOM.COM INC.	
	Account Number : I20010000062	
	Phone : (323)962-8600	
	Fax Number : (323)962-3889	
	• •	

annual report mailings. Enter only one email address please.\*\*

Email Address:	
----------------	--

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SEASIDE HYDRATION PLLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

0 51	O SIMMO			-
JUN	1	9	2020	

Electronic Filing Menu

Corporate Filing Menu

Help

TO:

Registration Section

## **COVER LETTER**

Division of Corp	perations			
	TYDRATION PLLC			
SUBJECT: Name of Limited Liability Company				
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspo	ndence concerning this matter t	o the following:		
	Cheyenne Moseley			
		Name of Person		
	Legalzoom.com, Inc.			
Firm/Company				
	101 N Brand Blvd 11th Fl			
		Address	· · · · · · · · · · · · · · · · · · ·	
	Cliendale, CA 91203			
		City/State and Zip Code	·····	
	danielledavis226@gmail.co			
	E-mail address: ()	o be used for future annual report notif	ication)	
For further information c	oncerning this matter, please ca	ill;		
Cheyenne Moseley		800 773-0888 at ()		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for it	he following amount:			
☐ \$25.00 Filing Fee	Si0.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF2020 JULY 10 ANNO 17

SEASIDE HYDRATION PLLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records. Limited Liability Company)	1
The Articles of Organization for this Limited Liability C Florida document number L20000096045	company were filed on 04/03/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Seaside Revitalize, PLLC  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 ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records dress bere:	, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	y
	Fto	o <del>ri</del> da
<del></del>	City	Zıp 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

To: Page 5 of 6

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		2020 JUN 18 An 10: 17	
Title	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Remove
			Change
			Add
			D Remove
			Change
			☐ Remove
			Change
			Remove
			Change
		•	Remove
			Change

June 2, 2020 : \_\_\_\_.

Danielle P. Davio

Signature of a member or authorized representative of a member

Danielle Davis

Typed or printed name of signee