

L20000366440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

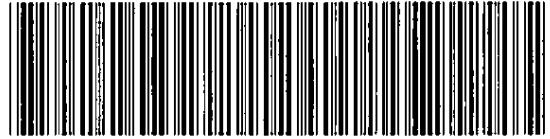
(Business Entity Name)

(Document Number)

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11/13/23
K. Hester

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEEMOFLO

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:

C GRIBBIN

Name of Person

SEEMOFLO

Firm/Company

PO BOX 975

Address

DELEON SPRINGS

City/State and Zip Code

FLORIDA 32130

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

For further information concerning this matter, please call:

C GRIBBIN

321

5879673

at ()

Name of Person

Area Code

Daytime Telephone Number

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TALLAHASSEE, FL

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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

**ARTICLES OF ORGANIZATION
OF**

SEEMOFLO

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

The Articles of Organization for this Limited Liability Company were filed on 11/19/20 and assigned
Florida document number 1.20000366460.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 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:

New Registered Office Address:

Enter Florida street address

Florida

City

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TALLAHASSEE, FL

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	WESTOE	55914 BAY RD, ASTOR	<input type="checkbox"/> Add
		FLORIDA 32102	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOHN DARNELL	PO BOX 975, DELEON SPRINGS.	<input checked="" type="checkbox"/> Add
		FLORIDA , 32130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHARLOTTE DARNELL	PO BOX 975, DELEON SPRINGS	<input checked="" type="checkbox"/> Add
		FLORIDA 32130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NAOMI DENOVA	PO BOX 975, DELEON SPRINGS, FLORIDA 32130	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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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TALLAHASSEE, FL

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

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 6050-07 (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 10.28.2023



Signature of a member or authorized representative of a member

C A DARNELL

Typed or printed name of signee

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CLERK OF DISTRICT COURT
TALLAHASSEE, FL
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Filing Pursuant to 60550-02
This document will not be listed

Filing Fee: \$25.00