

L21000021220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

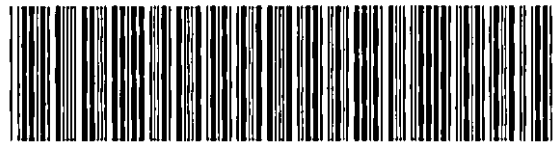
(Business Entity Name)

(Document Number)

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2021 FEB 10 AM 9:04  
TALLAHASSEE, FL

W. SHIRKEE

FEB 11 2021

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: SEMINOLE SHORES PROPERTIES, 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:

STACY SMALL

Name of Person

SMITH THOMPSON SHAW

Firm/Company

3520 THOMASVILLE ROAD - 4TH FLOOR

Address

TALLAHASSEE, FL 32309

City/State and Zip Code

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

For further information concerning this matter, please call:

STACY SMALL

at ( 850 ) 893-4105

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

**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	MANDY O'CALLAGHAN	3130 BARINGER HILL DRIVE	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FL 32311	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HUW O'CALLAGHAN	3130 BARINGER HILL DRIVE	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FL 32311	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NEAL STUDD	3174 DUNBAR LANE	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FL 32311	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LEAH STUDD	3174 DUNBAR LANE	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FL 32311	<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"/> Change

[illegible]

**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.

Dated FEBRUARY 9, 2021

Typed or printed name of signee

**Filing Fee: \$25.00**