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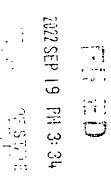
(Requ	uestor's Name)	
nbbA)	ess)	
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(City/	State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	ne)
(Doci	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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A. EUTLER DEC 15 2022

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:A	ika Landsca Name of Lin	ind Liability Company	· · · · · · · · · · · · · · · · · · ·
	Name of 12m	med manning company	-
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dere	V Flian Name of Person	
		Name of Person	
	<u>Allko</u>	D: (4)	
		Firm/Company	
	1203 Pen	Man Rd Address	
	Jacks	City/State and Zip Code	32250
	E-mail address: (1	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Derek Eli	a2	a(904_) 894-	101054
Name o	f Person		e Telephone Number
Enclosed is a check for th	e 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		Street Address:	
Registration S Division of Co		Registration Sec	
P.O. Box 632		Division of Corp The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· ·	JT the state of th
(Name of the Limited Liability Comp (A Florida Limited	Caping LC 2022 any as it now appears on our records 1.7 19 Fil 3: 34
The Articles of Organization for this Limited Liability Company	were filed on 04 01 2021 and assigned
Florida document number <u>L21000151422</u> .	1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
Seascapes LLC	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L.L.C." or the abbreviation "L.LC."
Enter new principal offices address, if applicable:	1203 Penman Rd
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville Brach Fr
	32250
Enter new mailing address, if applicable:	1203 Penman Rd
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville Beach, Fr
	32250
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	, Florida
	Zip 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 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>	Address	Type of Action
			□Add
			□Remove
		□Change	
			□ Add
			□Change
		□Add	
			□Remove
		□Change	
		□Add	
		Remove	
		□Change	
	- -	□Add	
		□Remove	
		□Change	
		□Remove	
			□ Change

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Note: If	e date, if other than the date of filing:
he record ord is filed	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 d.
Dated _	September 14. 2022. Signature of a member or authorized representative of a member
	The same of the sa
	Signature of a member or authorized representative of a member