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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

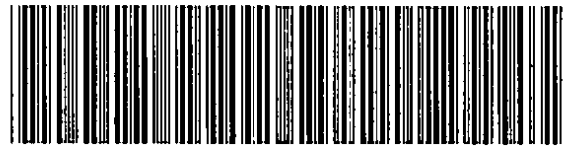
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2021 DEC 13 AM 8:44
CLERK OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sea Through Home Services, 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:

Brian Tappen

Name of Person

Firm/Company

50 Pine Shadow Parkway APT 2214

Address

Ponte Vedra, FL 32081

City/State and Zip Code

tappen76@aol.com

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

For further information concerning this matter, please call:

Brian Tappen

Name of Person

at (973)

Area Code

714-9897

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Sea Through Home Services, LLC

(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 4/29/21 and assigned
Florida document number _____ According to my Records I was only given an EIN.
This amendment is submitted to amend the following: my Document, only say Document Number (A
my EIN # is 86-3556043

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 "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)

50 Pine Shadow Parkway
Apt. 2214
Ponte Vedra, FL 32081

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:

50 Pine Shadow Parkway Apt 22
Enter Florida street address
Ponte Vedra Florida 32081
City 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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

I am Changing the Business Address From
30 Paradise Valley Dr. Ponte Vedra, FL 32081

To

50 Pine Shadow Parkway

Apt. 2214

Ponte Vedra, FL 32081

Also, I would like to Remove Carla Tappen (owner)
from this business

I am Remaining to only Owner of this business

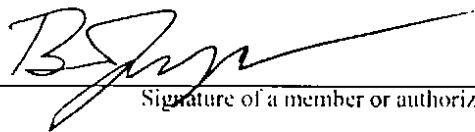
E. Effective date, if other than the date of filing: ~~12/8/21~~ 12/8/21 (optional)

(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)

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 12/8/21



Signature of a member or authorized representative of a member

Brian Tappen

Typed or printed name of signee