Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: IVAN & DAUGUSTINIS, PLLC Account Name

Account Number : 120180000057 : (904)395-2395 Phone Fax Number : (904)475-2121

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SEACOAST HOLDINGS, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 06 |
| Estimated Charge | \$25.00 |



COVER LETTER

| | legistration S Division of Co | | | |
|--|---|--|---|---|
| Orin ve 🗪 | | foldings, LLC | | |
| SUBJECT | [] | Name of Lin | ited Liability Company | |
| The enclos | sed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please retu | ırn all correspo | ondence concerning this matter | to the following: | |
| | | Robert Daugustinis, Esq. | | |
| | | | Name of Person | |
| | | Ivan & Daugustinis, PLLC | i ' | |
| | | | Firm/Company | |
| | 5150 Belfort Road, Building 200 | | | |
| | | | Address | |
| | | Jacksonville, Plorida 3225 | S | |
| | | | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notification) | |
| For further | information c | oncerning this matter, please c | ılı: | |
| Robert Dau | ugustinis | | 904 395-2395 | |
| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | Name o | fPerson | Area Code Daytime Telephone No | umbar |
| Enclosed is | a check for th | ne following amount: | | |
| □ \$ 25.00 | Fiting Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Cortified Copy Cor (additional copy is enclosed) Cort | 00 Filing Fee, tifficate of Status & tiffied Copy litional copy is enclosed) |
| Re D P. | alling Addres egistration S ivision of C O. Box 632 allahassee, I | Section orporations 7 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su | ite 810 |
| 1, | | . = === | Tallahassee, FL 32303 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Seacoast Holdings, LLC | | | | |
|---|---|---|---------------------------------|------------------|
| (Name of the Limited Liability Compa (A Florida Limited) | iny as it now appea Liability Company) | rs on our records.) | | |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on | September 8, 2021 | and ass | igned |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | oility company he | ere: | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the d | esignation "LLC" or the | abbreviation "L. | L.C." |
| | 4712 Keman M | | | _ |
| Enter new principal offices address, if applicable: (Principal office address MOST BE A STREET ADDRESS) | Jacksonville, Fl | arida 32224 | | |
| Principui grice autress most be Abtreet Addressi | | | , | |
| entan new mother address if applicables | 4712 Keman M | ill Lane Bast | | |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | Jacksonville, Fl | orida 32224 | | <u> </u> |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our re | ecords, <u>enter the nar</u> | me of the new | |
| Name of New Registered Agent: | | | | 2艘) |
| New Rogistered Office Address: | | | | OCT |
| | Enter Flor | lda street address | ပ် ^{န်} ာ က | 29 F |
| | Clty | , Florida | Zip Code | - TO |
| New Registered Agent's Signature, if changing Registered Agent: | - | | . F033 | PM 12: 4: |
| hereby accept the appointment as registered agent and agreen or ovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of provided for in C | ту duties, and I am Thapter 605, F.S. Or | familiar with , if this docu | n and ment is |
| | | | | |
| If Chan | ging Registered Ag | ent, Signature of New Re | egistered 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

| IIIIe | Name | Address | Type of Action |
|-------|-------------------|----------------------------------|------------------|
| MGR | Victor A. Mahoney | 4712 Keman Mill Lane East | = Add |
| | | Jacksonville, Florida 32224 | □Romove |
| | | | \(\sime\) Change |
| MGR | James M. Mahoney | 256 Deer Haven Drive | |
| | | Ponte Vedra Beach, Florida 32082 | ■ Remove |
| | | · | Change |
| | | | □Add |
| | | | []Remove |
| | | | □ Change |
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| | | | □Remove |
| | | | Change |

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar | y.) | | |
|---|-----------------------------------|----------------------|---------------|
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| E. Effective date, if other than the date of filing: (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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records. |) Pursuant to 6 will not be li | 05.0207 sted as | (3)(b) the |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Threcord is filed. | o 90th day af | fter the 2001 OCT | |
| Dated October 29, 2021 | | OCT 2 | <u></u> |
| Utor Mahoner | | 29 P | FILED |
| Signature of a member or authorized representative of a member | FLOR | PM 12: 43 | |
| Typed or printed name of signife | | τ υ | |

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Filing Fee: \$25.00