121000398703

(Requestor's Name)
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(City/State/Zip/Phone #)
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COVER LETTER

		of Corporations	
SUBJEC	SEAC	GATE TITLE & ESCROW, LLC	2 1
JODJEC	·•·	Name of Limited Liability Company	
The enclo	osed Artic	cles of Amendment and fee(s) are submitted for filing.	
Please re	turn all coi	orrespondence concerning this matter to the following:	
		Jeffrey G. Ward	(
		Name of Person	
		Seagate Title & Escrow, LLC	
		Firm/Company	
		9921 Interstate Commerce Drive	
		Address	tatus &
		Fort Myers, Florida 33913	
		City/State and Zip Code	
		Jward@Seagatedevelopmentgroup.com	
		E-mail address: (to be used for future annual report notification)	
For furthe	r informat	ation concerning this matter, please call:	
Jeffrey G.	. Ward	239 738-7900 at ()	
	Ne	Name of Person Area Code Daytime Telephone Number	-
Enclosed i	is a check	c for the following amount:	
■ \$25.0	0 Filing Fe	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fe Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is	tatus &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

AI	RTICLES OF	FAMENDMENT	2023
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AR'		ORGANIZATION	· · · · · · · · · · · · · · · · · · ·
	•	OF	ယ
SEAGATE TITLE & ESCROW.			PH 12
Name of the Lin	: 25		
The Articles of Organization for this Limited Florida document number L21000398703	Liability Compan	y were filed on SEPTEMBER 8, 2021	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
_			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	EBOX)	N/A	
			_
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office ess here:	address on our records, enter the nam	e of the new registere
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	
		, Florida	
		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 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>	Name	Address	Type of Action
MGR	MICHAEL TODD	9921 INTERSTATE COMMERCE DRIVE	□Add
		FORT MYERS, FL 33913	Remove
			□Change
MGR	JEFFREY G. WARD	9921 INTERSTATE COMMERCE DRIVE	≅Add
		FORT MYERS, FL 33913	□Remove
			DChange
			0€T □Add- 3
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tive date, if other than the flective date is listed, the date must. If the date inserted in this bluent's effective date on the Dent's effective date.		or more than 90 days after filing.) Pursuant to 605 filing requirements, this date will not be listed
rd specifies a delayed effectiv iled.	e date, but not an effective time, at 12:01 a.	.m. on the earlier of: (b) The 90th day after
	2023	
OCTOBER 5	·	
OCTOBER 5	17272	
	Signature of a member or authorized representa	ative of a member