## 12100044008

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	9 #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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2022 AUG 19 AM 9:28

A. BUTLER AUG 1 9 2022



## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:S	295.be Coree	River LLC ted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ondence concerning this matter (	o the following:	
	Wilber	Rame of Person	
	Seasine Co	Firm/Company	<u>-</u>
	52120 Schn	Address	<del></del>
	Newbaltimore	City/State and Zip Code  City/State and Zip Code  City O G Mil	
E - Surday in Compation			ication)
	concerning this matter, please ea		
Wilbur Re	of Person	at ( <u><b>586</b></u> ) <u><b>603</b></u> Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of C P.O. Box 63	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Seasine cotee R	invasit now appears on our Hebrauge 19 AM 9: 39
(Name of the Limited Liability Comp. (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	were tiled on 19-8-2021A53F and assigned
Florida document number <u>L 21000 44 5008</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	dity 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)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Wilbor	Reed WAY Or
New Registered Office Address:	Enter Florida street address
PONT Rich	City . Florida 34666 Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>u</u>

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

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

Title	Name	Address	Type of Action
A <u>Mbr</u>	John B McLaughin	5025 ENSIGN LOOP	□Add
	<b>h</b> e	5025 FNSign Loop  wport Richey F1, 34166 34652	Remove
			☐ Change
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(lf an effect Note:   lf	e date, if other than the date of filing:
ie 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 _	\$ 8-19-2022
	Signature of a member or authorized representative of a member
	Wilbur Reed Typed or frinted name of signee

Filing Fee: \$25.00