

L21 000494530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

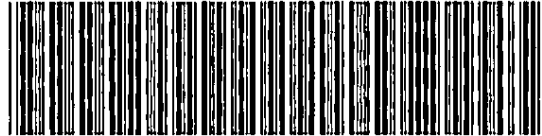
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/05/22--01017--016 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 MAY 18 PM 3:29

T. MATTHEWS

JUN - 2 2022



RECEIVED

2022 MAY 18 PM 12:27

FLORIDA DEPARTMENT OF STATE
Division of Corporations
SECRETARY OF STATE
TALLAHASSEE, FL

April 26, 2022

GRETCHEN MCMINN
261 ERMUDA BEACH DR
FT PIERCE, FL 34949

SUBJECT: SEAVIEW LANE, LLC
Ref. Number: L21000494530

We have received your document for SEAVIEW LANE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

ONLY ONE OF THE TWO DOCUMENTS CAN BE FILED.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 422A00009078

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: SEAVIEW LANE 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:

GRETCHEN MCMINN

Name of Person

SEAVIEW LANE LLC

Firm/Company

261 BERMUDA BEACH DR

Address

FT PIERCE, FL 34949

City/State and Zip Code

KAYMAC123@COMCAST.NET

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

For further information concerning this matter, please call:

GRETCHEN MCMINN

772

216-2616

at ()

Name of Person

Area Code

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**

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
22 MAY 18 PM 3: 29

SEAVIEW LANE 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 NOVEMBER 17, 2021 and assigned
Florida document number L21000494530.

This amendment is submitted to amend the following:

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)

261 BERMUDA BEACH DR

FT PIERCE, FL 34949

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:

JOHN MCMINN

New Registered Office Address:

261 BERMUDA BEACH DR

Enter Florida street address

FT PIERCE

City

Florida 34949

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

22 MAY 18 PM 3:29

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GRETCHEN MCMINN	261 BERMUDA BEACH DR	<input checked="" type="checkbox"/> Add
		FT PIERCE, FL 34949	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAMES B. BRYAN IV	P.O. BOX 4249	<input type="checkbox"/> Add
		WINTER PARK, FL 32793	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets if necessary)

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

PLEASE SEE ATTACHED:

22 MAY 18 PM 3:29

"RESTATEMENT OF ARTICLES OF ORGANIZATION"

E. Effective date, if other than the date of filing: _____ (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 MARCH 29, 2022



Signature of a member or authorized representative of a member

GRETCHEN MCMINN

Typed or printed name of signee

Filing Fee: \$25.00