L22 0000 57689

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:





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22 AUG 10 AM 10: 46

COVER LETTER

•	
TO: Registration Section Division of Corporations	
SUBJECT: SACT SEAWEN LLC Name of Limited Liability Company	•
The enclosed Articles of Amendment and fee(s) are submitted for filling.	22 AUG
Please return all correspondence concerning this matter to the following:	10
BRENT BIRKUD & JOE WALTEN Name of Person	22 AUG 10 AM 10: 46
SACT STAMEN Firm/Company	••
22420 C FRONT BEACH ROAD	
PANAMA CITY BEACH, FL 32413 City/State and Zip Code	
F-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
13 IZENT BIRKLID at 404 863-9500 Name of Person at 404 Daytime Telephone Number	
Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,	
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed) (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

	NEN	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2200057</u> .	were filed on $2-3-26$	22 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	dity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		22 :
		<u>5 </u>
Enter new mailing address, if applicable:		→ Sin
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
THUMBER WAS THE TRANSPORT OF THE PROPERTY OF T		# <u>#</u> # # # # # # # # # # # # # # # # #
		• • • • • • • • • • • • • • • • • • •
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 n	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
-	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>	<u>Name</u>	Address	Type of Action
AMBR	JOE WALDEN	PANAMA CITY BO	TAAdd
		FL, 32413	□Remove
		-	□Change
4 <u>MBR</u>	BRENT BIRKLID	22420 C FRONT BE	4-0/□Add
		PANAMA CITY BEACH	
		FL, 32413	Change
			THE VIEW OF COLUMN TO THE PROPERTY OF COLUMN TO THE PROPERTY OF COLUMN TO THE PROPERTY OF THE
			□Add =
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an effect Note: If	e date, if other than the date of filing:	.) Pursuant to 60:	5.0207 led as
d is filed		he 90th day afte	er the
ated	7-28 2027		
	Signature of a member or authorized representative of a member		
	,		