## L22000265598

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## **COVER LETTER**

TO:

	istration Sc ision of Coi				
SUBJECT:	Seaside Liv	ving Group, LLC			
SUBJECT:		Name of Lin	nited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Thomas J. Waldoch			
			Name of Person	<u> </u>	
		Seaside Living Group, LL	С		
			Firm/Company		
		1210 Covey Court			
		<del></del>	Address		
		Venice, FL 34293			
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
		tom@seasidelivingfl.com			
For further in	formation c	E-mail address: ( oncerning this matter, please c	to be used for future annual report not	ification)	
		oneering this matter, prease c			
Tom Waldoc	h 		941 999-8509 at ()		
	Name o	f Person	Area Code Daytim	ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	ing Addres istration S	_	<u>Street Address:</u> Registration Se	ction	
Divi	ision of C	orporations	Division of Corporations		
	. Box 632		The Centre of T		
- tall.	ahassee, F	L 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Seaside Living Group, LLC

(Name of the Limited Liab (A Flori	ility Company as it now appears on ou ida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability	Company were filed on June 10, 2	022 and assigned
Florida document number 1.22000265598		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
Mary Colleen Waldoch, LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
	<del></del>	2023
		TAR T
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>-23 5</u>
B. If amending the registered agent and/or register		enter the name of the new registere
agent and/or the new registered office address here:	:	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida stree	address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my dut agent as provided for in Chapter red office address, I hereby confi	ies, and I am familiar with and 605, F.S. Or, if this document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Change
			□Add
			☐Remove
		<del></del>	□Change
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ffective date, if other than the an effective date is listed, the date m	e date of filing:			(optiona	1)
an effective date is listed, the date m <b>Sote:</b> If the date inserted in this	ust be specific and ca block does not me	innot be prior to di et the applicable	te of filing or more til statutory filing rea	han 90 days after filir nuirements - this da	ng.) Pursuant to 605,0207
ocument's effective date on the	Department of Sta	te's records.	statutory minig rec	quirements, this do	te will not be usted as t
record specifies a delayed effect	ive date, but not ar	reffective time.	at 12:01 a.m. on th	ne earlier of: (b)	The 90th day after the
l is filed.					
l is filed.		2023			
1 is filed.  March 9 ated	·	·			
1 is filed.  March 9 ated	 احمار ال	·			
l is filed.	. Walke Signature of a me	·	I representative of a	member	

Filing Fee: \$25.00