

122 000297937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

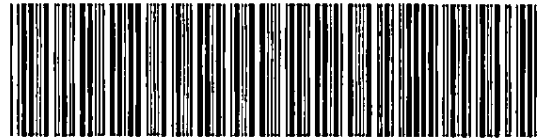
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

[Handwritten Signature]



200390867052

07 19 JUL 2022 19:01

FILED

2022 JUL 19 PM 2:01

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seaside Guest Services, 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:

Amy Haeffner

Name of Person

Seaside Guest Services, LLC

Firm/Company

215 Depot Ave, Ste 105

Address

Delray Beach, FL 33444

City/State and Zip Code

seasideguestservices@gmail.com

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

2022 JUL 19 PM 2:01

FILED

For further information concerning this matter, please call:

Amy Haeffner

Name of Person

at (**786**)

Area Code

303-2500

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



If Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Amy Haeffner	215 Depot Ave, Ste 105, Delray Beach, FL 33444	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

2022 JUL 19 PM 2:02
COURT REPORTER
JULIA A. BROWN

FILED
2022 JUL 19 PM 2:02
CLERK OF DISTRICT COURT
JUL 19 2022

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.

Dated July 14, 2022

Amy Haeffner

Typed or printed name of signee