



Office Use Only



000424623410

03/01/24--01005--008 **60.00

2024 APR -1 PH 5: 33

COVER LETTER

TO:	Registration Se Division of Cor					
cup ic		SEAN RESIDENTIAL, LLC				
SUBJEC	-I: <u> </u>	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub				
		Richard Fulmer				
			Name of Person			
		RichardSean Residential, I	LC			
Firm/Company						
		P.O. Box 581				
			Address			
		Waldo, FL 32694				
		City/State and Zip Code				
		judy@richardsean.com	office@construction904			
For furth	ner information c	oncerning this matter, please c		,		
Judy Ve	егдага		352 514-0353			
	Name o	f Person	at () Area Code Daysini	e Telephone Number		
Enclosed	d is a check for th	ne 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 Addres	·s:	Street Address:			

•

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ollity Company as it now appears on our recordida Limited Limbility Company)	<u>dr.)</u>
Company were filed on 09/27/22	and assigned
:	
mited liability company here:	
imited Liability Company," the designation "LLC	
N/A	<u> </u>
DRESS)	
	P
P.O. Box 581	ن ب
Melrose, FL 32694	- ယ ယ
red office address on our records, <u>enter</u> :	the name of the new registe
N/A	
Enter Florida street addre	
	lorida Zip Code
	P.O. Box 581 Melrose, FL 32694 Enter Florida street address and a street address and a street address and a street address address and a street address and a street address address and a street address and a street address address and a street address and a st

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.

N/A			
If Changing Regis	tered Agent, Signature of	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
N/A 			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			Change
			□ Add
			Remove
			□Change
			□ Add
			□Remove
			Change
			C Add
			□Remove
			Change
_			□Add
			□ Remove
			Change

_N/A	
-	
Tantiva d	inter if other than the date of filing: (notional)
in effective	ate, if other than the date of filing: (optional) that is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60
ote: If the ecument's	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis effective date on the Department of State's records.
record spo	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
is filed.	
sted	2/21/24
	$\mathcal{N}: \mathcal{N} = \mathcal{N}$
-	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00