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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I2001000062 Phone

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Fax Number

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COVER LETTER

TO:		istration Se ision of Cor			i	, ,	•
even er	CT.	SEAHOR	RSE CONSULTING LLC				
SUBJE	CI:		Name of Limi	ted Liability Company			•
			Amendment and fee(s) are sub-	_			
Please n	etum	all correspo	ndence concerning this matter	to the following:			
			Mike Town				
			Legalzoom.com, Inc.	Name of Person			
				Firm/Company			
			9900 Spectrum Dr	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>	2024
		Austin, TX 78717		Address		THE CARRY	2024 MAY 31
			wfrake@comcast.net	City/State and Zip Code	-	— (OF STATE	PH 3:
			E-mail address: (t	o be used for future annual rep	port notification)		22
For furt	her ir	nformation co	oncerning this matter, please ca	dt.			
Mike T	own			800 773-0	0888		
		Name of	Person		Daytime Telephone N	umber	
Enclose	d is a	check for th	e following amount:				
S \$25.	,00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cer ed) Cer	(0) Filing Fee. rtificate of Status & rtified Copy fitional copy is enclosed)	
			ING ADDRESS:	STREET/C Registration	COURIER ADDRE	SS:	

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Limbility Compa</u> (A Florida Lumted i	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000120246</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1297 Eden Isle Dr. NE	_
(Principal office address MUST BE A STREET ADDRESS)	Saint Petersburg, FL 33704	
		202 5.1 1.1
Enter new mailing address, if applicable:	1297 Eden Isle Dr. NE	HAY 3
(Mailing address MAY BE A POST OFFICE BOX)	Saint Petersburg, FL 33704	
		PH 3:
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		244 8
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	Florid	da
	Çitv	7:- (* -)

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

To:

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	WILLIAM J FRAKE IV	1297 Eden Isle Dr. NE	C 444
		Saint Petersburg, FL 33704	
		Sant Feelsong, 1 5 33 104	□ Remove
			■ Change
			_ □ Remove
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			Change

To:	Page: 6 of 6
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2024-05-31 10:00:46 PDT

LegalZoom.com, Inc.

From: Candace Pringle

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fective date, if other than the date of filing:	(optional) of filing or more than 90 days after filing.) Pursuant to 605.02 atutory filing requirements, this date will not be listed
	effective time, at 12:01 a.m. on the earlier
e record specifies a delayed effective date, but not an of the 90th day after the record is filed. aled 17 Man 2024	

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Filing Fee: \$25.00