

L23000204964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

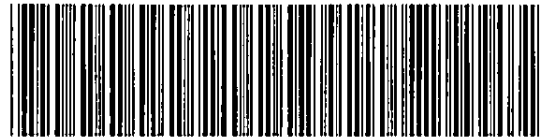
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY 17 2023

Office Use Only



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RECEIVED

2023 MAY 16 AM 11:35

2023 MAY 16 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FL

2023 MAY 16 PM 2:40
TALLAHASSEE, FL

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

New Pass Dock and Seawall, LLC

Please Debit 120000000257 For: 25

Thank you Seth Neeley



- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature

Requested by: SETH

05/16

Name

Date

Time

Walk-In

Will Pick Up

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW PASS DOCK AND SEAWALL, 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:

LORI LANDRUM

Name of Person

CCFOS

Firm/Company

3060 PEACHTREE ROAD NW, SUITE 1550

Address

ATLANTA, GEORGIA 30305

City/State and Zip Code

llandrum@ccfos; sislerjd@gmail.com

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

For further information concerning this matter, please call:

Lori Landrum

404 389-9039
at ()

Name of Person

Area Code

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

FILED

2023 MAY 16 AM 11:34

(Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company))

our records.) BY OF S
ALL HASSE, AL

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JONATHAN SISLER	1221 WATERWAY DRIVE	<input type="checkbox"/> Add
		SARASOTA, FL 34236	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JONATHAN D. SISLER	1221 WATERWAY DRIVE	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34236	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ZACHARY W. MORRISH	2000 TOWN CENTER	<input checked="" type="checkbox"/> Add
		SUITE 1500	<input type="checkbox"/> Remove
		SOUTHFIELD, MI 48075	<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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.


E. 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 16 2023

 _____
Signature of a member or authorized representative of a member

Lori Landrum, Authorized Agent

Typed or printed name of signee

Filing Fee: \$25.00