

L23000214348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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100413056981

09/02/23--01011--005 **30.00

2023-1-10 10:00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SCREAMING SEAGULL 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:

BELINDA BURTON

Name of Person

L GEORGE LEONARD CPA PA

Firm/Company

1485 N ATALANTIC AVE SUITE 102

Address

COCOA BEACH, FL 32931

City/State and Zip Code

LGL@LGLCPAFIRM.COM

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

For further information concerning this matter, please call:

BELINDA BURTON

321 799-1691
at ()
Area Code Daytime Telephone Number

Name of Person

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

023013 1-1102

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>
AMBR	MICHAEL ZARRELLA	2599 HUDSON AVE	<input type="checkbox"/> Add
		MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RICH HENSEL	1747 WAVECREST STREET	<input type="checkbox"/> Add
		MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DENNIS GUILMETTE	606 MANATEE BAY DRIVE	<input type="checkbox"/> Add
		CAPE CANAVERAL, FL 32920	<input checked="" 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

[illegible]

(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)

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 JULY 26, 2023

R. George Leonard, GSA
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

L GEORGE LEONARD CPA

Typed or printed name of signee