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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT: Seaside 202		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Thomas Colangelo		
		Name of Person	
	Seaside 2023, LLC		
		Firm/Company	
	5021 Soundside Dr		
		Address	
	Gulf Breeze, FL 32563		
		City/State and Zip Code	
	thomas@thomascolangelo.c	com to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	
Thomas Colangelo		at (850) 748 - 6190	
Name o	f Person		e Telephone Number
Enclosed 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)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Addres		Street Address:	.•
Registration S	section orporations	Registration Sec Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Seaside 2023, LLC	
(<u>Name of the Limited Liability Company as i</u> (A Florida Limited Liability	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were	filed on 05/24/2023 and assigned
lorida document number 1.23000254610	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability c	ompany here:
Thomas Colangelo, LLC	
he new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
The quality address most be A STREET ADDRESS	-
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	. 2
inter new mailing address, if applicable:	24 10 V
Mailing address MAY BE A POST OFFICE BOX)	
	26
3. If amending the registered agent and/or registered office addre	
gent and/or the new registered office address here:	
	ライン デ ー・デー・デー・デー・デー・デー・デー・デー・デー・デー・デー・デー・デー・デー
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	2000 - 100 100 00 000
	, Florida
C	ity Zip Code

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.

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
			□Add
			□Remove
			□Change
		 	□Add
		-	□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
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ote: If the da	e, if other than the e is listed, the date mus te inserted in this ble ective date on the De	ock does not n	neet the appli	cable statutory	g or more than ^c offling require	(option 0 days after fi ements, this c	i al) ling.) Pursuant to late will not bo	1 605.020 e listed a
record specifi is filed.	es a delayed effectiv	e date. but not	an effective (time, at 12:01	a.m. on the ea	rlier of: (b)	The 90th day	after the
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