123000382139

(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:

Office Use Only



000437481440

763.001 -8 A312: 25

10

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Cheryl Stanbro			
Name of Person				
	Sea 2 Sea Lien Searches, I	LC		
		Firm/Company		
	11110 Winn Road			
		Address		
	Riverview, FL 33569			
		City/State and Zip Code		
	c2cliensearches@gmail.com			
	E-mail address: (to be used for future annual report notifica	tion)	
For further information of	oncerning this matter, please c	all:		
Charlotte R Raschke		813 365-0959 at ()		
Name of Person		Area Code Daytime Te	elephone Number	
Enclosed is a check for t	he 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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed	
<u>Mailing Addres</u> Registration		Street Address: Registration Section	on	
Division of C		Division of Corpo		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C2C Lien Searches, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) ZCIA COT -9 KALIZ: 25 The Articles of Organization for this Limited Liability Company were filed on $\frac{8/14/2023}{1}$ and assigned Florida document number L23000382139 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sea 2 Sea Lien Searches, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: No Change (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: No Change (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: No Change Name of New Registered Agent: No Change New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida _______ Zip Code

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
			Remove
			[]Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

		•				
				 -		
		· -			•	
						
					····	
				· -		
			. <u></u>			
					_	
						
						
	 			_		 _
					· -	
						
Effective date, if other than					(4: IV	
f an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific at s block does not	nd cannot be pri meet the appl	icable statutory	or more than 90 da		
record specifies a delayed efferd is filed.	ctive date, but no	ot an effective	time, at 12:01 a	.m. on the earlie	r of: (b) The 90th	day after the
October 01	\sim	2024				
Dated	WAT	·	· ·			
/ {	VSH					
	- 1/		`			
	Signature of a	a member or au	thorized represent	ative of a member		-