

L24000089724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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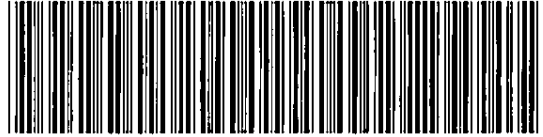
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEA LEVEL MARINE, 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:

DOUGLAS FRONGILLO

Name of Person

KALMARINE, INC.

Firm/Company

1319 AVOCADO ISLE

Address

FORT LAUDERDALE, FL 33315

City/State and Zip Code

FINANCE@KALMARINE.COM

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

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2021 MAR 19 PM 12:44
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TALLAHASSEE, FL

For further information concerning this matter, please call:

YESENIA VILLEDA

786 271-0180

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

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	KALMARINE, INC.	1319 AVOCAD ISLE	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MKG HOLDINGS, LLC	840 NW 57TH PLACE	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

1
SECRETARY OF STATE
TALLAHASSEE, FL
2024 MAR 19 PM 12:44

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 MARCH 8, 2024

Signature of a member or authorized representative of a member

DOUGLAS FRONGILLO

Typed or printed name of signee

Filing Fee: \$25.00