# 124000202681

•		
(	Requestor's Name)	
	(Address)	
; 		
(	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	<del></del>
Certified Copies	Certificates of	Status
<del></del>		
Special Instructions	s to Filing Officer	
:		
_		

Office Use Only



600427619696

. /:..l /: 10

2024 HAY 17 PM 3: 2

18 Huns 05/17/24

## CAPITAL CONNECTION, INC.

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

Seagate Capital Realty, LLC	— <sub> </sub>
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
1 ///	
Atty	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
	Рhого Сору
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/ .	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
name Date Init	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

### **COVER LETTER**

TO: Registration So Division of Con			
	pital Realty, LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del>.</del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rebekah Klaft		
		Name of Person	
	Scagate Capital Realty, LI	.c	
	<del></del>	Firm/Company	
	400 Village Square Crossi	ng, Suite 3	
		Address	<del></del> .
	Palm Beach Gardens, Flor	ida 33410	·i
		City/State and Zip Code	
	rebekah@seagate-capital.co		<u></u>
		to be used for future annual report notification)	76 8
For further information of	oncerning this matter, please c	all:	
Rebekah Klaft		561 818-5401	
Name o	f Person	Area Code Daytime Telepho	ne Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address: Registration Section	
Registration S Division of C		Division of Corporation	ns
P.O. Box 632	.7	The Centre of Tallahass	see
Tallahassee, l	FL 32314	2415 N. Monroe Street	, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears of Florida Limited Liability Company)	on our records.)
oility Company were filed on $\frac{4/30}{}$	2024 and assigned
·	
ving:	
he limited liability company here	<b>:</b>
ds "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
de:	
ADDRESS)	
	::
<u> </u>	
istered office address on our reco here:	ords, <u>enter the name of the new registe</u>
Enter Florida	a street address
	, Florida
Ciŋ:	Zip Code
	istered office address on our recebere:

#### 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 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>	Name	Address	Type of Action
MGR	SCC CAPITAL HOLDINGS, LLC	400 VILLAGE SQUARE CROSSING, SUITE 3	□Add
		PALM BEACH GARDENS, FL 33410	BRemove
			Change
MGR	SCC SEAGATE HOLDINGS, LLC	400 VILLAGE SQUARE CROSSING, SUITE 3	□Add
		PALM BEACH GARDENS, FL 33410	=Remove
			□ Change
MGR	REBEKAH KLAFT	400 VILLAGE SQUARE CROSSING, SUITE 3	<b>=</b> Add
		PALM BEACH GARDENS, FL 33410	□Remove
			□Add
			Remove
			:: Change
			□Add .;
		:., ::, ::-:::::::::::::::::::::::	Remove
	<del></del>		□Add
		<u></u>	□Remove
			□Change

-	
<u></u>	
fective date, if other than the date of filing:    4/30/2024   (optional)	o 605.

Filing Fee: \$25.00