000008947

(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:			
789 623 671			
189 623 671			

Office Use Only

m09-2947



100159679451

08/19/09--01017--009 **25.00

M. THOMAS AUG 2 5 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Seajam #	Enterprises, LLC Name of Limited Liability Company	_
1	Name of Limited Liability Company	
The enclosed Articles of Amendmen	t and fee(s) are submitted for filing.	
Please return all correspondence con-	cerning this matter to the following:	
Transportation of Acade	Sean J Solomon Name of Person	
	Seajan Enterprises, LLC Firm/Company	TALLAH TALLAH
/0	225 W. Beaver St. #223 Address	
	Address	明五二
_Jo	acksonville, FL 32204 City/State and Zip Code	A 8: 54 SEE, FLORIE
	City/State and Zip Code	9""
	E-mail address: (to be used for future annual report notification)	
For further information concerning the	his matter, please call:	
Sean J Solor Name of Person	noh at (904) 265-4761 Area Code & Daytime Telephone Num	ber
Enclosed is a check for the following	g amount:	
	tificate of Status Certified Copy Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed)	Filing Fee, icate of Status & ied Copy ional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



August 20, 2009

SEAN J SOLOMON 1225 W. BEAVER ST. #223 JACKSONVILLE, FL 32204

SUBJECT: SEAJAM ENTERPRISES, LLC

Ref. Number: M09000002947

We have received your document for SEAJAM ENTERPRISES, LLC and check(s) totaling \$25.00. However, the enclosed document has not been and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by member or by the authorized representative of a member.

WE NEED THE 1ST PAGE OF DOCUMENT ALSO.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 309A00028228

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Seajam E Name of Limi	nterprises, LLC ted Liability Company	<u>, </u>
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Jax, FL	Name of Person Name of Person MEnterprises; Lessian Firm/Company Aver 54, #223 Address Address City/State and Zip Code	TALLAHASSEE, FLORIDA tion)
For further information co	ncerning this matter, please c	all:	
Sean J Name of	Solomon Person	at (904) 265-4 Area Code & Daytime T	476/ Telephone Number
Enclosed is a check for the	e 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 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability company Department of State is: Senjam Er	y as it appears on the records of the Florida	
2. This entity was formed under the laws of:	: Nevada	
3. This entity was authorized to transact bus and its Florida document/registration number	P 10 / 1/17/9/11/11/11/11 2/ 9/ 45 /	,
4. The name and address of each manager of	or managing member is as follows:	7
Title: "MGR" = Manager "MGRM" = Managing Member	nr managing member is as follows: Name and Address:	FILED
MGR	Sean T Solomon 757 1225 W. Beaver St. #223 35 Tax, FL 32264	e: 51
MGR	Essie Mae Porter 1225 W. Beaver St. #223 Jax, FL 32204	
· .		
Required Signature: Signature of Manager,	Managing Member or Member	

Filing Fee: \$25