

MO9000003417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

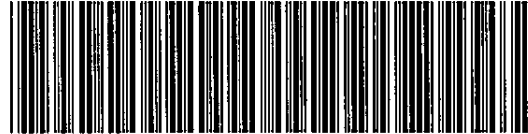
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 SEP 11 PM 5:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 14 2015
S. YOUNG



LAW OFFICES of MARK H. RUFF, P.A.

630 North Wymore Road, Suite 330, Maitland, FL 32751
phone 407.951.6679 | fax 407.951.6678

Mark H. Ruff, Esquire
mark@mhrllaw.com

Leslie Thomas, Esquire
leslie@mhrllaw.com

September 9, 2015

Quinton J. Sheer, Esquire
quinton@mhrllaw.com

Via First Class U.S. Mail

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

Re: Company Name: Seneca Services, LLC
Document No.: M09000003417
Application by Foreign LLC to File Amendment to Cert. of Auth

Dear Sir or Madam:

Enclosed herewith for processing please find the following:

1. Cover Letter;
2. Application by Foreign LLC to File Amendment to Certificate of Authority to Transact Business in Florida– completed for the above-referenced entity; and
3. Check No. 5261 made payable to the Department of State, totaling \$25.00 to cover the filing fee for the change.

Should you have any questions or concerns regarding the aforementioned items, please do not hesitate to contact the undersigned.

Respectfully submitted,

Lillian Garcia, Paralegal,
On behalf of Mark H. Ruff, Esq.

/lg
Enclosures

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RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SENECA SERVICES, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter A. Eldridge

Name of Person

Seneca Services, LLC

Firm/Company

1180 US Highway 1, Suite 105

Address

Rockledge, FL 32955

City/State and Zip Code

efilings@mhrlaw.com

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

For further information concerning this matter, please call:

Mark H. Ruff, Esq.

Name of Person

at (407) 951-6679

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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15 SEP 11 PM 5:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: SENECA SERVICES, LLC
2. The Florida document number of this limited liability company is: M09000003417
3. Jurisdiction of its organization: New Mexico
4. Date authorized to do business in Florida: 08/31/2009

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. 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:

Name of New Registered Agent: Mark H. Ruff, Esq.

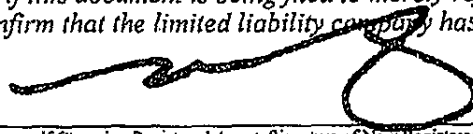
New Registered Office Address: The Law Offices of Mark H. Ruff, P.A., 630 N. Wymore Rd., Suite 330

Enter Florida Street Address

Maitland, Florida 32751
City 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 Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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<u>MGR</u>	<u>Peter A. Eldridge</u>	<u>1180 US Highway 1, Suite 105, Rc</u>	<input checked="" type="checkbox"/> Add
		<u>1180 US Highway 1, Suite 105, Rc</u>	<input type="checkbox"/> Remove

<u>MGR</u>	<u>Mark H, Ruff, Esq.</u>	<u>630 N. Wymore Rd., Suite 330, Ma</u>	<input checked="" type="checkbox"/> Add
		<u>711 N. Orlando Ave., Suite 101, M</u>	<input type="checkbox"/> Remove

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Peter A. Eldridge, Mgr.

Typed or printed name of signee

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA