

MA1000002002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

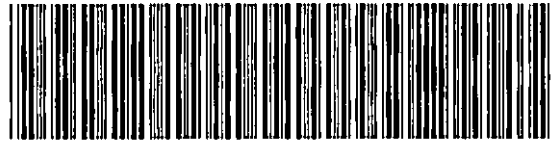
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAR 12 AM 10:02

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MAY 21 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SEA COAST TRANSPORT LLC

SUBJECT: _____
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:

MARCELO COSTA

Name of Person

SEA COAST TRANSPORT LLC

Firm/Company

6010 CORNISH ST

Address

FAYETTEVILLE, NC 28314

City/State and Zip Code

seacoasttransportllc@gmail.com

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

For further information concerning this matter, please call:

Marcelo Costa 910 9229110

Name of Person

at (_____) _____
Area Code & Daytime Telephone Number

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

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

**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)

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1. Name of limited liability Company as it appears on the records of the Florida Department of
SEA COAST TRANSPORT LLC
State: _____

Enter new principal office address, if applicable: 618 E. South Street
Suite 500
(Principal office address)
MUST BE A STREET ADDRESS Orlando, FL 32801

Enter new mailing address, if applicable: _____
(Mailing address)
MAY BE A POST OFFICE BOX _____

2. The Florida document number of this limited liability company is: M21000002002

3. Jurisdiction of its organization: North Carolina

4. Date authorized to do business in Florida: 02/11/2021

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 officer 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: Vitoria Scabra

New Registered Office Address: 10937 Moss Park RD #535

Enter Florida Street Address
Orlando 32832
City Florida 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:

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<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	COSTA, ELIANA	6010 CORNISH ST	<input type="checkbox"/> Add
		FAYETTEVILLE, NC 28314	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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

MARCELO COSTA

Typed or printed name of signee

Filing Fee: \$25.00