# 121000361895

(Requestor's Name)				
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(Address)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 29, 2021

STUART E KOCHA 10268 ALLAMANDA BLVD PALM BEACH GARDENS, FL 33410

SUBJECT: SEK, LLC

Ref. Number: L21000361895

We have received your document for SEK, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

57.70 VI 41.4

#### **COVER LETTER**

Registration Section TO: Division of Corporations SEK, LLC SUBJECT: \_\_\_\_\_ 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: Stuart E Rocha II Name of Person Firm/Company 10268 Allamanda Blyd Address Palm Beach Gardens, FL33410 City/State and Zip Code stukocha@me.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 561 669-9033 Smart Kocha Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee. ☐ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & ■ \$25,00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (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

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

SEK, LLC				
(Name of the Limite	d Liability Compar A Florida Limited L.	ny as it now appear nability Company)	s on our records.)	
he Articles of Organization for this Limited Li			Anoust 11, 2021	and assigned
lorida document number				
his amendment is submitted to amend the follo				
. If amending name, enter the new name of	the limited liabi	lity company h	<u>ere</u> :	
and Carlo 117				
the new name must be distinguishable and contain the w Enter new principal offices address, if applic		not applicable	lesignation "LLC" or the a	observation E.L.C.
Principal office address MUST BE A STREE				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		not applicable		
B. If amending the registered agent and/or agent and/or	registered office ess here:	address on our	records, <u>enter the na</u>	ne of the new registe
Name of New Registered Agent:	not applicable			77
New Registered Office Address:	not applicable			<u></u>
isen negigiored office manage.		Enter F	orida street address	PK
			Florida _	- 25×31×44
		City		VIII our

## 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.

16 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>	Type of Action
			□Add
		<del></del>	□Remove
			Change
			Remove
			□ Change
		A	⊡Add
:		///_/_	□Remove
			☐ Change
			□Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) This amendment request is for name change only NA(optional) E. Effective date, if other than the date of filing: (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. Signature of a member or authorized representative of a member Smart E Kocha II

Typed or printed name of signee