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Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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Email	Address:

53

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SEGEUS CONSULTING LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

C. BRUMBLEY SEP - 7 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEGEUS CONST	ILTING LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears to d Liability Company)	o our records.)		
The Articles of Organization for this Limited Liability Comparting I22000162135		04/05/2022	and assigned	
This amendment is submitted to amend the following:	•			
A. If amending name, enter the new name of the limited li	ability company her	<u>:</u>	S: 2 0	
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the des	ignation "LLC" or the a		
Enter new principal offices address, if applicable:			A P	
(Principal office address MUST BE A STREET ADDRESS)	KEY BISCAYNI	5, FL 33149	SSE P	<u>_</u>
Enter new mailing address, if applicable:	711 CRANDON	BLVD APT 402	2: 53 STATE	0
(Malling address MAY BE A POST OFFICE BOX)	ame, enter the new name of the limited liability company here: e distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevioled "LC" or the abbrevioled			
Name of New Registered Agent:			me of the new res	gistered
New Registered Office Address:		da street address		
•	KEY BISCAYNE	, Florida_	33149	
	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 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>	Address	Type of Action
MGR	Sebastian J Gutierrez Eusse	711 CRANDON BLVD APT 402	□Add
		KEY BISCAYNE FL, 33149	Remove
			≣Change
			DAdd
			□Remove
			Change
			□Add
			□Remove
			Change
			Remove
			Change
			□Remove
			Change
			DAdd
			□Remove
			Change

). If amendîr	ng any other informatio	n, enter change(s) here: (A	ttach additional sheets,	if necess.iry.)	
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Effective d	ate, if other than the da	te of filing:specific and cannot be prior to date		(optional)	
Note: If the	e date inserted in this block	specific and cannot be prior to data does not meet the applicable summent of State's records.	tatutory filing requiremen	nts, this date will not be	605.0207 (3): listed as the
the record spe cord is filed.	cifies a delayed effective da	ite, but not an effective time, a	t 12:01 a.m. on the earlie	r of: (b) The 90th day t	ifter the
Dated	August 19th	2022			
			\bigcap		
-	Sig	nature of a member or authorized	representative of a member		•
		SEBASTIAN I GUTIEF			
-		Typed or printed name			-