

L12000124396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

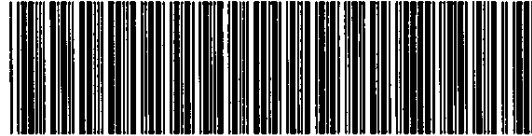
(Business Entity Name)

(Document Number)

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TALLahassee, FL 32310
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AUG 15 2016
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SECSA, LLC

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:

David Ingram

Name of Person

SECSA LLC

Firm/Company

2256 Firestone Place

Address

Winter Haven FL 33884

City/State and Zip Code

david@spfunding.com

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

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TALLAHASSEE, FL
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For further information concerning this matter, please call:

David Ingram

954 952 9946

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SECSA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/28/2012 and assigned Florida document number L12000124396.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AltosGroups, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2256 Firestone Place

(Principal office address MUST BE A STREET ADDRESS)

Winter Haven FL

33884

Enter new mailing address, if applicable:

2256 Firestone Place

(Mailing address MAY BE A POST OFFICE BOX)

Winter Haven FL

33884

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B. 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:

David Ingram

New Registered Office Address:

2256 Firestone Place

Enter Florida street address

Winter Haven

Florida 33884

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

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>	<u>Type of Action</u>
AMBR	Gerald Nichols	5150 Central Sarasota Pkwy	<input checked="" type="checkbox"/> Add
		Suite 106	<input type="checkbox"/> Remove
		Sarasota FL 34238	<input type="checkbox"/> Change
AMBR	Magaly Cordero	2256 Firestone Place	<input type="checkbox"/> Add
		Winter Haven FL 33884	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Altos Foundation	2256 Firestone Place	<input checked="" type="checkbox"/> Add
		Winter Haven FL 33884	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	David Ingram	2256 Firestone Place	<input type="checkbox"/> Add
		Winter Haven FL 33884	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: August 15, 2016 (optional)

(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.

Dated August 9, 2016

Signature of a member or authorized representative of a member

David Ingram
Typed or printed name of signee