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Office Use Only



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06/19/20--01006--017 **25.00

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	The Seneca () Name of Lift	ted Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nicho	<u>le Carosella Aver</u>	\cap
	The Senece	Strong Company	Illowing: (IV) SCHR WEN ame of Person CLL Company Sith G Address FL JOHH tate and Zip Code MENC. COM I for future annual report notification) at (St.) CHL 2CTL Area Code Daytime Telephone Number S60.00 Filing Fee. Certificate of Status & Certificate
	Piction of Corporations FECT: Name of Limited Liability Company		
	<u>Delrayb</u>	City/State and Zip Code	
	neurosella (a E-mail address:	ONTHE CON	fication)
For further information of	concerning this matter, please ca	all:	
Alissanilia Named	·	at (<u>5)V (r L L </u> Area Code Daytim	2074 ne Telephone Number
Enclosed is a check for t	he following amount:		
垣 \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

The Service Group, LUC	2.:			
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Gompany)	10 74 215			
The Articles of Organization for this Limited Liability Company were filed on 11.29.2004 Florida document number LDADDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
B. If amending the registered agent and/or registered office address on our records, enter the nagent and/or the new registered office address here: Name of New Registered Agent:	ame of the new registered			
New Registered Office Address:				
Enter Florida street address	Enter Florida street address			
, Florida				
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 provisions of all statutes relative to the proper and complete performance of my duties, and I a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. 6 being filed to merely reflect a change in the registered office address, I hereby confirm that the company has been notified in writing of this change.	m familiar with and Or, if this document is			

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>	Address	Type of Action
	The Senien Holding Corp.	1450 SW 10th St. St. 8	🗆 Add
	9	Délriy Bili FL 35444	Remove
			□ Change
	The Soni an Champeter Iding C	irp 148051010th St. St. 8	DAdd
	" "	Delmy Beh, FZ 33444	□Remove
			Change
Mrs.	Nichole Carrsella Owen	1450 SW 10th ST Ste8	k(Add
		Delray Buh Fr 33444	□Remove
		.,j 	□Change
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F ffectiv	ve date, if other than the date of filing:	(ontional)	
Note: I	ve date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date if the date inserted in this block does not meet the applicable sent's effective date on the Department of State's records.	e of tiling or more than 90 days after filing.) Pursuant statutory filing requirements, this date will not b	to 605.0207 oc listed as
rd is file			y after the
Dated _	June 15, 2020 Signature of a member of authorized		
	Michael A. Kingdien.		
	MICHAEL BIANCHINI	representative of a member	_

Filing Fee: \$25.00