## L07000101369

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J. BRYAN
SEP 1 2 2008
EXAMINER

## **COVER LETTER**

Division of Cor			
SUBJECT: Ex	seguer LLC		
	Seguer LLC (Name of Limi	ted Liability Company)	<del></del>
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	<u> </u>
		(Name of Person)	300
	Ex Sequo	(Firm/Company)	A ORALI
	101 Prince	wood Ln. (Address)	<b>5</b> &
	Palm Beac	(Address)  (Address)  (Gardens, Force)  (City/State and Zip Code)	<u>1.334</u> 10
For further information c	concerning this matter, please ca	11:	
(Name of Person)  at (941) 400-3894  (Area Code & Daytime Telephone Number)		역식 elephone Number)	
Enclosed is a check for the	ne 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:		STREET/COURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Exsequor LLC (Name of the Limited Liability Compa (A Florida Limited L		7. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	
(A Florida Limited L	ny as it now appears on ou liability Company)	r records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LO700101369</u>	were filed on 10/4	2007 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	101 Prince	wood Ln.	
(Principal office address MUST BE A STREET ADDRESS)	Palm Beach	Gardens FL.33410	
Enter new mailing address, if applicable:	P.O Box 32	.036	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX) Palm Be	such Gurdons, FL.	33420	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our rece	ords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	(Enter Flor	rida 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 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** Name <u>Address</u> **Type of Action** Kristen Rocks 451 Bowdoin Cir Sarasota, FL134236 ☐ Add 🗂 Remove ☐ Add Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Biermaun
Typed or printed name of signee

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Filing Fee: \$25.00