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## **COVER LETTER**

Division of Co			
SUBJECT:	Senior Eo (Name of Limit	bd Liability Company)	e Group LLC
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspondent	ondence concerning this matter to	the following:	
	Donald	(Name of Person)	
	Senior E	Girm/Company)	e Grap LLC
	2923 (	Inity Tree Dr	·
	Edgen	City/State and Zip Code)	2141
For further information	concerning this matter, please cal	l:	
Don Gr (Name	€€ of Person)	at (386) 235 — (Area Code & Daytime T	2734 elephone Number)
Enclosed is a check for t	he following amount:		
<b>\$</b> 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

Senior Eq.	urty Advant	age (TOUD LLC
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears nited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Con	npany were filed on{8	3 13 2008 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
N/A		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRE	SS)	25 09 T
		Iñ Z
		SSE S
Enter new mailing address, if applicable:		mg Z iv
(Mailing address MAY BE A POST OFFICE BOX)		IO: 37 STATE LORID
		37 RIDE
B. If amending the registered agent and/or register registered agent and/or the new registered office address		r records, <u>enter the name of the new</u>
Name of New Registered Agent:	4-	
New Registered Office Address:		
	(Ente	er 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 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 Changing Registered Agent, Signature of New Registered Agent)

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

Name Type of Action Title **Address** Donald E. Crise \_ Add Remove 🗖 Add Remove ☐ Add Remove 🗂 Add Remove \_\_\_ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member Donald E. Crisc Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00