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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·			
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SEPTEMBER 1 FROM

CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222 SEPTIMUS, LLC Art of Inc. File_____ LTD Partnership File_____ Foreign Corp. File_____ L.C. File Fictitious Name File_____ Trade/Service Mark_____ Merger File_____ Art, of Amend, File_____ RA Resignation____ Dissolution / Withdrawal_____ Annual Report / Reinstatement_____ Cert. Copy___ Photo Copy_____ Certificate of Good Standing Certificate of Status_____ Certificate of Fictitious Name_____ Corp Record Search_____ Officer Search_____ Fictitious Search_____ Fictitious Owner Search_____ Signature Vehicle Search_____

Requested by: Seth

174 Panger's Brinting - Thomissville, GA 8/00

Name

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05/29/12

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Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SEPTIMUS	S, LLC			
(Name of the Limited L (A)	Jability Company Florida Limited Lia	as it now appear bility Company)	s on our records.)		
The Articles of Organization for this Limited Lia	bility Company w	ere filed on	07/10/2009	and assigned	
Florida document numberL09000667	725				
This amendment is submitted to amend the follow	wing:				
A. If amouding name, enter the new name of	the limited liabili	ty company he	<u>.</u> e:		
	N/A				
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Comp	any," the designation "l	LC" or the abbreviation	
Enter new principal offices address, if applicable:		N/A	<u> </u>	tion -	
(Principal office address MUST BE A STREET ADDRESS)			 	2	
			C.	9	
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE BOX)			C	10 CO	
			# # # # # # # # # # # # # # # # # # #	AGE CO	
B. If amending the registered agent and/o registered agent and/or the new registered off			our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:	Gustavo Por	tuese			
New Registered Office Address:	N/A				
	Enter Florida street address				
			, Florida		
		City		Zip Code	
New Registered Agent's Signature, if changing R	egistered Agent:				

If Changing Registered Agent Signature of New 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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	isabel Portuese	2761 Vista Parkway, Unit E-9 West Palm Beach, Florida 33411	Add Remove
MGR	Gustavo Portuese	2761 Vista Parkway, Unit E-9 West Palm Beach, Florida 33411	Add Remove
			Add Remove
			Add Remove
			Add Remove
	**************************************		Add Remove
D. If am	ending any other information, ente	r change(s) here: (Attach additional sheets, if necessar)	.)
	N/A		
Dated	May 25th	2012 Noughtuer	
	Signature of a	member of authorized representative of a member Gustavo Portuese	_
		Typed or printed name of signee	· · · · · · · · · · · · · · · · · · ·

Page 2 of 2

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