L0900069848

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date: August .	31, 2020	
Name: KEN H	OWELL	
Reference #:	1259817	
Entity Name: SI	JRBURBAN ELE	VATOR OF FLORIDA, LLC
Articles of Incorp	oration/Authorization	to Transact Business
✓ Amendment		
Change of Agent		ISSUES? CALL
Reinstatement		KEN:
Conversion		518-213-0738
Merger		
☐ Dissolution/Witho	drawal	
Fictitious Name		
Other		
Authorized Amount:	\$25.00	
Signature:		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2000 - 31 AV 8:30

SUBURBAN ELEVATOR OF FLORIDA, LLC			10.30
(Name of the Limited Liability C (A Florida Lin	Company as it now appea mited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Com	npany were filed on	JULY 20, 2009	and assigned
Florida document number L09000069848			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company h	ere:	
SEF NEWCO, LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our i	records, <u>enter the na</u> i	ne of the new regist
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			
			□Remove
			☐ Change
			□Add
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record specifics filed.	ics a delayed	effective date, b	out not an e	effective ti	ime, at 12	:01 a.m. on	the carlier	of: (b) The	: 90th day aff	er the
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Filing Fee: \$25.00