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M. THOMAS

JUL 3 0 2009

EXAMINER

$\mathbf{COVER}\;\mathbf{LETTER}^*$

TO:	Registration Sect Division of Corpo					
SUBJ	ECT:		EGE, LLC ited Liability Company			
			,			
		mendment and fee(s) are sul				
Please	e return all correspond	dence concerning this matter	to the following:			
			George G. Pappas		-	
			Name of Person			
	George G. Pappas P.A.			-		
			Firm/Company			
	1822 North Belcher Road, Suite 200					
			Address			
Clearwater, Florida 33765						
	City/State and Zip Code			Zei SE(
		E-mail address: (eorge@pappaspa.com to be used for future annual repo	ort notification)	AFF. T	
For fu	rther information cor	ncerning this matter, please of	call:		29 ARY SSE	FILEL
	Georg	e G. Pappas	at (_727_)_	447-4999	E.F.E.	C
	Name of i	Person	Area Code &	Daytime Telephone Numbe	2009 JUL 29 AM IO: 25 SECRETARY OF STATE A TALLAHASSEE, FLORIDA	
Enclo	sed is a check for the	following amount:				
\$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	nclosed) Certified	ate of Status &	d)

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

	SEGE	, LLC			
(<u>Name of the Limited L</u> (A F	iability Compa Iorida Limited I	ny as it now appea liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liab	oility Company	were filed on	July 27, 2009	and assigned	
Florida document numberL09000719	03				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the	he limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and end with to "L.L.C."	the words "Limi	ted Liability Comp	any," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicab	ole:				
(Principal office address MUST BE A STREET)	ADDRESS)	103 Timberview Drive			
		Safety Harbo	or, Florida 34695		
Enter new mailing address, if applicable:				···	
(Mailing address MAY BE A POST OFFICE BOX)		103 Timbervi	iew Drive	SEC	
		Safety Harbo	or, Florida 34695		
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered of	fice address on o	our records, enter	29 Iname of the bew	
og de la companya de	o war ess ner	: •	•	D 1 Jo: 2 FLORRIT	
Name of New Registered Agent:				Om is	
New Registered Office Address:	103 Timber		ter Florida street ada	trace	
	0-				
	<u></u>	fety Harbor City	, Florida	34695 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	Manager I = Managing Member		
Title	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
		LAKASSE SSE	Frid Tomove
D. If ar		nge(s) here: (Attach additional sheets, if necessary)	
Dated _	July 28 , _ 2	2009	
	Signature of a meMb	er or authorized representative of a member	
		appas, Attorney for Sege, LLC ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00