L09000109087

| (Requestor's Name) | _ |
|---|---|
| (Address) | _ |
| (Address) | _ |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | _ |
| Certified Copies Certificates of Status | _ |
| Special Instructions to Filing Officer: | 7 |
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Office Use Only



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TARY OF STATE ASSEE, FLORIUS

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: Settled, LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: |
| Alexande Pilat Name of Person |
| SETT 60 11 C Firm/Company |
| 34 SW 8th St |
| Miami FL 33130 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| All Pilat at (305) 877 91 88 Name of Person Area Code Daytime Telephone Number |
| |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{Certificate of Status}\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$ |

Registration Section

TO:

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



May 6, 2015

ALEXANDRE PILAT 34 SW 8 ST MIAMI, FL 33130

SUBJECT: SETT60 LLC Ref. Number: L09000109087

We have received your document for SETT60 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 615A00009438

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SECRETARY OF STAIL

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SETT 60,1 | LC | · · · · · · · · · · · · · · · · · · · |
|--|---|--|
| (Name of the Limited Liab) (A Flori | lity Company as it now appears on our da Limited Liability Company) | records.) |
| The Articles of Organization for this Limited Liability Florida document number LOGODO 109087 | Company were filed on Nov. 1 | 2, 2009 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| The new name must be distinguishable and end with the words "I | Limited Liability Company," the designat | ion "LLC" or the abbreviation "L.L C." |
| Enter new principal offices address, if applicable: | | 2015 SE |
| (Principal office address MUST BE A STREET ADD | ORESS) | 五器 基 □ □ |
| | | AA N |
| | | mo = [1] |
| Enter new mailing address, if applicable: | | Fo I |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | in the second se |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ad | | ecords, <u>enter the name of the new</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida stree | t address |
| <u> </u> | | , 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action **Address** Title **Name** Xavier Paulvoc 345W8tustreet MOR <u>Xavier Paulhac, as</u> Trustee of RT dated October 30, 2014 MOR ☐ Remove □ Add ☐ Remove □ Add SED Remove Remove ☐ Add _□ Remove

| | <u> </u> |
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Page 3 of 3

Filing Fee: \$25.00

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