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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

SUBJECT: Sedong Lace 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:
Jason Rockenbach Name of Person
Sedona Lace, LLC
10126 Somersby Dr
Riverview FL 33578
Sedowalace. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jason Rockenbach # (813) 294-8358
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \(\text{Certificate of Status} \) \(\text{Certified Copy} \\ \text{(additional copy is enclosed)} \) \(\text{Certified Copy} \\ \text{(ndditional copy is enclosed)} \)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

Sedona Lace,	LLC	and the same of th
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL_1000031799	were filed on <u>3-22-10</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	10126 Somersby Riverview FL	Dr
(Principal office address MUST BE A STREET ADDRESS)	Riverview FL	33578_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10126 Somersby Riverview FL	, Pr 33578
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter t	the neeme of the new FECRETA
Name of New Registered Agent:		- CRF
New Registered Office Address:	Enter Florida street uddress	PORALI
	, Florida	02 OZ
	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 = Au	uthorized Member				
Title	Name	·	Address		Type of Action
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			Rivervie	Remove Add Add Remove Add Add	
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ective date, if other than a effective date is listed, the date te: If the date inserted in the cument's effective date on the	must be specific and cann is block does not meet (the applicable statutory	g or more than 90 days aff	tional) ter filing.) Pursuant to 60 his date will not be lis	 05.02: sted a
record specifies a dela he 90th day after the	yed effective date record is filed.	, but not an effect	ive time, at 12:01	a.m. on the earl	ier (
ed 4-17-7	2018,	·			
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Page 3 of 3

Filing Fee: \$25.00