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SECRETARY OF STATE

2010 SEP 29 PM 1: 18

J. SAULSBERRY EXAMINER SEP 8 0 2010

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Senco Capital 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 Seneral Name of Person		
Senco Capital LLC Firm/Company		
8000 Victoria Park Ln. Unit 8208	2010 SEP	•
Davenport, FL. 33896 City/State and Zip Code	29 Ph	
E-mail address: (to be used for future annual report notification)		C.
For further information concerning this matter, please call:	<u> </u>	
Name of Person at (646) 522-5478  Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} Certified Copy (additional copy (	atus &	

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

Sen <b>e</b> o Cap	ifal LLC	
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears of Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on <u>A o</u>	5 20, 2010 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 we"L.L.C."	ords "Limited Liability Company	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<del> </del>	
(Principal office address MUST BE A STREET ADD	RESS)	
		25 00
		An Sp T
Enter new mailing address, if applicable:		<b>多美 23</b> 厂
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	<del></del>	
B. If amending the registered agent and/or regi	stered office address on our dress here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street 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 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Lindsay B.	Savannah, 64.31404	Add Remove
MGRM	Jeffrey S	eneral 20 Elsbeth Ra Sudovry, MA. 01776	Add Remove
<del></del>			AddRemove
	<del></del>	·	Add Remove
<del> </del>	-		Add Remove
			AddRemove
D. If amo	ending any other informati	ion, enter change(s) here: (Attach additional sheets, if no	PIL SEP 29
-			YOF STATE PEEF, FLORRIDA
Dated	September 27	2010	
		ature of a member or authorized representative of a member	<del></del>

Page 2 of 2

Filing Fee: \$25.00