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SECRETARY OF STATE

T, HAMPTON MAR - 8 2011 EXAMINET

COVER LETTER

Division of Corporations
SUBJECT: SEQUETE ENTERPRISES 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:
RANDAII SEQUETE Name of Person
Name of Person
SEQUETE ENTERPRISES LLC Firm/Company
Firm/Company
330 NW 36 TH COURT Address
Address
BOCH RATON, Fl. 33431 City/State and Zip Code
RSEQUETE @ VERIZOW. NIET E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RANDAII SEQUETE at (561) 672-1495 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$\$Certificate of Status \$55.00 Filing Fee \$\$Certificate of Status \$\$Certificate of Status \$\$Certified Copy (additional copy is enclosed)

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

ICLES OF ORGANIZATION SECRETATION OF CORP

SECRETARY OF STATE DIVISION OF CORPORATIONS

	ENTERPRISES, LLC
(<u>Name of the Limited Linbil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 4//000/19560	Company were filed on $2/15/2011$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u></u>
(Principal office address MUST BE A STREET ADL	<u>ORESS)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office ad	istered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida 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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> **Address** MGRM RANDAIL SEQUETE 330 NW 36 TH COURT BOCA RATON, FL. 33431 ⊠ Add Remove ☐ Add Remove ☐ Add ☐ Remove Remove □ Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00