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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: <u>SE2 PEYES LLC</u> 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:	2012 HAR -1 SECRETAR TALLAHASS
Tohn Peyes  John Peyes  Name of Person  SE2 Peyes LLC  Firm/Company	R-I PH 3 00
2403 CENTER 97TE DRIVE SUITE Address  MIROMOR, FL 33025  City/State and Zip Code  Tonn Red Skygloban. ne- E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
VINCTOUINTMO  at (954) 861 -4310  Area Code & Daytime Telepho	one Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\sum \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section	DRESS:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEZ REYES LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our re- Liability Company)	coras.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on TUY 17	4 20 F sand signed	
This amendment is submitted to amend the following:		SE E E	
A. If amending name, enter the new name of the limited liab	ility company here:	E OR SE	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the des	ignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	2403 center	gare prive	
(Principal office address MUST BE A STREET ADDRESS)	suire 203	<u>/</u>	
	miramal, Fl	33025	
Enter new mailing address, if applicable:	2403 CENTER	gate prive	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 203	<i></i>	
	miramar f	L 33025	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the new	
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		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MUR	John Reyes	15243 SW 52 STRECT MIRAMAR, FL 33027	Add Remove
MUR	John Reyes	2403 centergare priv suite 203 ( miramar, FL 33025	C Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
D. If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary	Add Remove
Dated F	eb 24 , j	2012	
		hber of authorized representative of a member  OND PCYCS  ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00