

L11000111103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

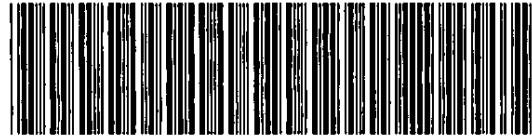
(Business Entity Name)

(Document Number)

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COVER LETTER

Registration Section
Division of Corporations

SUBJECT: **SEGA I 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:

IRIARTE, ANDRES

Name of Person

SEGA I LLC

Firm/Company

11500 S ORANGE BLOSSOM TRAIL STE 5

Address

ORLANDO, FL 32837

City/State and Zip Code

andresiriarte1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IRIARTE, ANDRES

Name of Person

at () **407 6242317**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SEGA I, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/28/2011 and assigned
Florida document number L11000111103

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11500 S ORANGE BLOSSOM TRAIL

STE 5

ORLANDO, FL 32837

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11500 S ORANGE BLOSSOM TRAIL

STE 5

ORLANDO, FL 32837

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

IRIARTE, ANDRES

New Registered Office Address:

11500 S OR5ANGE BLOSSOM TRAIL STE 5

Enter Florida street address

ORLANDO

City

Florida 32837

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.

A IRIARTE

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>	<u>Type of Action</u>
MGR	LUCIANO A CAMILO	11500 S OR5ANGE BLOSSOM TRAIL	<input checked="" type="checkbox"/> Add
		STE 5	<input type="checkbox"/> Remove
		ORLANDO, FL 32837	
			<input type="checkbox"/> Add
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Add
Remove
Add
Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated APRIL 2, 2013

A. Iriarte

Signature of a member or authorized representative of a member

IRIARTE, ANDRES

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
MIAMI-DADE COUNTY, FLORIDA