

U100011103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

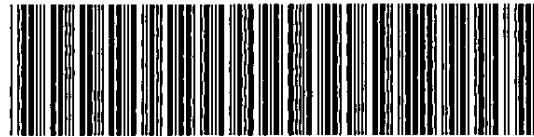
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/28/13--01047--008 **25.00

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

2013 MAY 28 PM 1:19

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MAY 29 2013

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEGA 1 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:

ANDRES E IRIARTE

Name of Person

SEGA 1 LLC

Firm/Company

1150 S. ORANGE BLOSSOM TRAIL

Address

ORLANDO FLORIDA 32837

City/State and Zip Code

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

For further information concerning this matter, please call:

ANDRES E IRIARTE

Name of Person

at (407) 624-2317

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 &
Certified Copy
(additional copy is enclosed)

☐ \$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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TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

SEGA 1 LLC

Page 1 of 3

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 ORANGE BLOSSOM TRAIL	<input type="checkbox"/> Add
		SUITE 5	<input checked="" type="checkbox"/> Remove
		ORLANDO FLORIDA 32837	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Add

Remove

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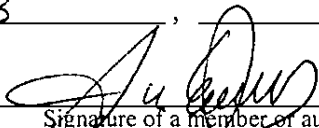
Add

Remove

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

Dated

5/24/13



Signature of a member or authorized representative of a member

ANDRES E IRIARTE VALBUENA

Typed or printed name of signee

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Filing Fee: \$25.00

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