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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600

Fax Number : (323)389-0502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			
rmall	Address:			

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SEQUEN GROUP, LLC



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OCT 10 2023

## **COVER LETTER** ?

TO: Registration S Division of Co		·	
SEQUEN	GROUP, LLC	(p	
SOBJECT:	Name of Lin	nited Liability Company	<del></del>
	Amendment and fee(s) are sub	_	
ricase return all correspo	ondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	4.
	101 N Brand Blvd 11th Fl		
		Address	
	Glendale, CA 91203		v
	akinfemi@yahoo.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please co	all:	
Cheyenne Moseley		800 773-0888	
Name o	ſ Person		Telephone Number
Enclosed is a check for th	ne 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Tar

Title	<u>Name</u> Akinfemiwa Akintewe	Address	Type of Action
MGR	Annew		
			Remove
		2516 Cabin Hill Rd., Indianapolis, IN 46229	
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			🗆 Change
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_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an effect <u>Note:</u> If	c date, if other than the date of filing:
e recor The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Pated	28 September 2023  Signature of a member for authorized representative of a member
	Akinfemiwa Akintewe
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00