



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H21000461411 3)))



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To:

Division of Corporations

: (850)617-6383

From:

Account Name : BARINAS & ASSOCIATES INC.

Account Number : I20000000082 : (305)871-0889 Phone : (305)870-9623 Fax Number

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SECLA LLC

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ertified Copy	0
age Count	07
stimated Charge	\$25.00

2021 DEC 20

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Corporate Filing Menu

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2021-12-20 14:24:11 GMT

18882140633

From: Yanelle Barin

DocuSign Envelope ID: D54A9F24-19E9-41FA-85AB-E15F09A376D0

COVER LETTER

TO: Registration Sec Division of Corp			
SECLA LL	С		
SUBJECT:	Name of Limit	ed Liability Company	
	Amendment and fee(s) are subn		
Płease return all correspo	ndence concerning this matter t	o the following:	
	YANELLE M BARINAS		
		Name of Person	
	BARINAS & ASSOCIAT	ES, INC.	
		Firm/Company	
	5701 NW 36 ST		
		Address	
	VIRGINIA GARDENS,	FL 33166	
	BARINASB@GMAIL.COM	City/State and Zip Code	
	E-mail address: (1	o be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca S	305 871-0889	
Name C	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
X1.81	INC ANNUESS.	STREET/COURI	ER ADDRESS:

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

From: Yanelle Barir

Page: 5 of 7

DocuSign Envelope ID: D54A9F24-19E9-41FA-85AB-E15F09A376D0

AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECLA LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our record imited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Cor Florida document number	mpany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </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 addre	<u>ess here</u> :	ds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	EnterFloridastreetaddre	ini= _ [
		lorida Ziji Code
New Registered Agent's Signature, if changing Registered	•	: 26 ATE RIDA
I hereby accept the appointment as registered agent a		urther agree to comply with

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

18882140633 2021-12-20 14:24:11 GMT

From: Yanelle Barir

DocuSign Envelope ID D54A9F24-19E9-41FA-85A8-E15F09A376D0 transcripting Authorized rerson(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

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	SEGUNDO FRIGERIO	10185 Collins Ave Apt 1010	⊠ ∧dd
		Apt 1010	
			□ Remove
		Bal harbour, FL 33154	
			Change
AMBR	CLARA FRIGERIO	10185 Collins Ave	⊠ Add
		Apt 1010	
		Apr. 1010	Remove
		Bal harbour, FL 33154	
			☐ Change
		-	
			☐ Remove
		Change	
			☐ Remove
			☐ Change
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To:

Dated __

ALEJANDRO FRIGERIO

Page 3 of 3

Typed or printed name of signee

— DOCUSIGNED BY:

NESIMORO FRIGERIO

Signature of a member or althorized representative of a member

Filing Fee: \$25.00