

L12000155833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

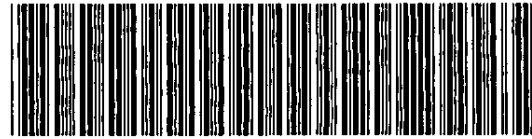
☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2013 JUN 28 AM 8:10  
CLERK OF STATE  
TALLAHASSEE, FL 32301

J. SAULSBERRY  
EXAMINER

JUL -1 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **SEVAL LLC**

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**EDGAR GARCIA**

Name of Person

**S&S ACCOUNTAX CO**

Firm/Company

**2180 CENTRAL FLORIDA PARKWAY STE A6**

Address

**ORLANDO, FL. 32837**

City/State and Zip Code

**EG@GONTAX.COM**

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

For further information concerning this matter, please call:

**EDGAR GARCIA**

Name of Person

at ( **407** ) **2516266**

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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2013 JUN 28 AM 8:10  
TALLAHASSEE FLORIDA

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

**SEVAL 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 12/13/2012 and assigned  
Florida document number L12000155833.

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)

2180 CENTRAL FLORIDA PARKWAY

SUITE A6

ORLANDO, FL. 32837

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

2180 CENTRAL FLORIDA PARKWAY

SUITE A6

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: EDGAR GARCIA

New Registered Office Address: 2180 CENTRAL FLORIDA PARKWAY SUITE A6

*Enter Florida street address*

ORLANDO, Florida 32837

*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 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.	KLOSTER, SEBASTIAN	13597 Sunset Lakes Cr.	<input type="checkbox"/> Add
		Winter Garden, FL. 34787	<input checked="" type="checkbox"/> Remove
MGR	KLOSTER, VALENTINA	13597 Sunset Lakes Cr.	<input type="checkbox"/> Add
		Winter Garden, FL. 34787	<input checked="" type="checkbox"/> Remove
MGR	KLOSTER, CLAUDIO G	2180 Central Florida Parkway	<input checked="" type="checkbox"/> Add
		Suite A6	<input type="checkbox"/> Remove
		Orlando, FL. 32837	
MGR	PELEGRIN, PATRICIA E.	2180 Central Florida Parkway	<input checked="" type="checkbox"/> Add
		Suite A6	<input checked="" type="checkbox"/> Remove
		Orlando, FL. 32837	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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STATE OF FLORIDA

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

Add EIN: 46-3029947

Dated June 24

2013

Signature of a member or authorized representative of a member

Claudio G. Kloster

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA