# L1300017654

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#### **COVER LETTER**

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TO:

Registration Section
Division of Corporations

SUBJECT:

SEKRUK, 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:

## CRISTIANE LEON

Name of Person

## COSMO MANAGEMENT, LLC

Firm/Company

700 NE 90TH ST

Address

MIAMI, FL 33138

City/State and Zip Code

## CRISTIANE@THECOSMOTEAM.COM

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

For further information concerning this matter, please call:

CRISTIANE

Name of Person

<sub>.</sub>305<sub>.</sub>744-2297

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)

Certificate of Statute & 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

SEKRUK, LLC				
(Name of the Limited Liability (A Florida L	Company as it now appears on ou imited Liability Company)	r records.)	_	
The Articles of Organization for this Limited Liability Co Florida document number <u>L13000017654</u>	ompany were filed on 02/04/2	013	_ and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the	designation "LLC	or the a	bbreviatio
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	ESS)		013	
			158	,.
		988 788 888 888 888	20	7
Enter new mailing address, if applicable:	<del></del>	71 71	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		92 22	<b>5</b> 5	1
		90 FT	<u>2</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office addr  Name of New Registered Agent:		ords, <u>enter the</u>	name o	f the nev
New Registered Office Address:	Enter Flor	rida street addres	· ·	
<del></del>	City	_, Florida	Zip Code	<del></del> !
	•	•	1	

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 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>	Address <u>T</u>	vpe of Action
MGR	STEPHANE MAGNAT	1145 99TH BAY HARBOR ISLANDS, FL 33154	Add
			Remove
			Add
			Remove
		SECH FALLA	ZOD Add
		HASSE	Remove
		SS	₹ 1
			Add
			Add
			Remove
			Add
			Remove

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·	
<del></del>	
FF	3RUARY 13TH 2013
ated	SKOAKT 13111, 2013
	Signature of a member or authorized representative of a member
_	STEPHANE MAGNAT
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

2013 FEB 20 AM ID: 42 SEGRETARY BY STATE FALLAHASSEE, FLORIBA

ADDITION OF THE PROPERTY OF TH