117000025448

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SECRETARY OF STATE
TALLAHASSEE. FLORID

COVER LETTER

TO: Registration Sec Division of Corp		,	4	
SUBJECT:	SEK Name of Limit	ed Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Luca	OVENZONI Name of Person		
	SEK	Firm/Company		
	143 G	antt Ave	· · · · · · · · · · · · · · · · · · ·	
	Sarasok	City/State and Zip Code	2	
	E-mail address: (to	obe used for future annual report notific	ahw.com	
For further information co	oncerning this matter, please ca	all: .041/. 18.20	TALL TALL	ಪ :
Name of	Person	Area Code & Daytime T	Felephone Number ASSET OF THE PROPERTY OF THE	S T
Enclosed is a check for th	e following amount:		در. نیر اید	3 17
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	O\$60.00 Filing Fee, Certificate Fetata Certified Copy	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

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

SEKI 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 and assigned	
Florida document number <u>L 130 00025448</u>	
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 abbrevi "L.L.C."	 atior
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
—————————————————————————————————————	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	_
B. If amending the registered agent and/or registered office address on our records, entershe name of the registered agent and/or the new registered office address here:	new
}	
Name of New Registered Agent: LUCU LINENZON	_
New Registered Office Address: 743 Sant Pul Enter Florida street address	_
Sarassta Florida 34232	
City Zip Code New Perietered Agent's Signature if changing Perietered Agents	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Address** Title **Name Type of Action** MGR Manuel Rebecchi 85to Pine Ridge Lon DAdd Remove Add Remove Add Remove Remove

D. If an	rending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	Miase make this effective
	2/18/13 as Mr. Reducchi
	Should have sever been on the
	Crpsvation does.
Dated _	1.2/18/13.
	The fund
	Agnature of a member of authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE: FLORID.