L13000118442

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800349001858

07/27/20 +01090 +016 **25.00

2020 JUL 27 AH 8: 09
SEORETARY OF STATE
TAIL AND SECURITY

D BRUCE SEP 15 2020

COVER LETTER

TO: Registration Se Division of Con			
SUBJECT: Seg	ner Properties LLC		
		ited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	<u>-</u>	
	Rainer N	. Filthaut	
		Name of Person	
	Segner P	roperties LLC	
		Firm/Company	
	3838 Ta	miami Trail N, Suite 416	
		Address	
	Naples.	.FL 34113	
		City/State and Zip Code	
		inter-realty.com to be used for future annual report notificat	ion)
For further information c	oncerning this matter, please c	all:	2020 SEC TA
Rainer N. Filth	naut	ut (<u>239</u>) <u>213-400</u> 0	
Name o	of Person	Area Code Daytime Te	elephone Number
Enclosed is a check for the	he following amount:		26 A
	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. 17 Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration Section	nn

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

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Segner Properties LLC		
(Name of the Limited Liability Compan- (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L13000118442</u> .	vere filed on08/21/2013	and assigned
·		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abb	reviation "L.L.C."
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 ad	ldress on our records, enter the name	of the new registered
agent and/or the new registered office address here:		FA E TI
Name of New Registered Agent:		A 27
New Registered Office Address:	Enter Florida street address	
	, Florida	F 05
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	performance of my duties, and I am fa covided for in Chapter 605, F.S. Or, i	miliar with and f this document is

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

<u>Title</u>	Name	Address	Type of Action
MGR	Karl-Horst Ohlenmacher	3838 Tamiami Trail N, Suite 416	□Add
		Naples, FL 34113	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			Ata 2
			
			_
			□Remove
			□ Change

	2
	~
0 202 4 T	20
	2029 JUL
in the second of	- <u> -</u> -
	7
Ö;C; → M?. → M	A N
	ğ: Ω
	-

Filing Fee: \$25.00