

L14000159583

(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



400265701644

11/03/14--01029--010 **25.00

FILED
2014 NOV -3 PM 2:19
CLERK OF STATE
TALLAHASSEE FLORIDA

NOV 05 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEI Bello Casa, 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:

Michelle Berglund

Name of Person

Murphy & Berglund, PLLC

Firm/Company

1101 Douglas Avenue, Suite B

Address

Altamonte Springs, FL 32714

City/State and Zip Code

michelle@murphyberglund.com

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

For further information concerning this matter, please call:

Michelle Berglund

at (407)

865-9553

Name of Person

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)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

FILED
2014 NOV -3 PM 2:19
CLERK OF STATE
TALLAHASSEE FLORIDA

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

SEI Bello Casa, 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 10/13/2014 and assigned
Florida document number L14000159583

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:

144 Rangeline Woods Cove

(Principal office address MUST BE A STREET ADDRESS)

Longwood, FL 32750

Enter new mailing address, if applicable:

144 Rangeline Woods Cove

(Mailing address MAY BE A POST OFFICE BOX)

Longwood, FL 32750

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:

New Registered Office Address:

144 Rangeline Woods Cove

Enter Florida street address

Longwood

City

Florida 32750

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 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Michael Casella, TTEE	144 Rangeline Woods Cove	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2014 NOV - 3 PM 2:19
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 11-13-14 BY 60322 UCBAW/STP

FILED

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 30, 2014.



Signature of a member or authorized representative of a member

Michael Casella, SR,

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 NOV -3 PM 2:19
CLERK OF STATE
TALLAHASSEE FLORIDA