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(Re	equestor's Name)	
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' (Do	cument Number)	
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SECRETARY OF STATE

HAR 17 2016 BRUCE

COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJ	ЕСТ:	Name of Lim	ited Liability Company		-	
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please	return all correspon	dence concerning this matter	to the following:			
			Jyler C Sei	jυ	·	
			SeljoLL C Firm/Company			
		3000	Bugan Rd			
			orlando FI 3	3 <i>0810</i>		
			City/State and Zip Code	,	2018 5.51 TAL1	
For fu	rther information co	E-mail address: (to be used for future annual reportable:	t notification)	2016 HAR 16 A SECRETARY OF	
	Tyler Ser Name of	''O Person	at (727) 3 Area Code Da	O/ 8662 Aytime Telephone Num	Dept 0	
					D: US	
Enclos	sed is a check for the	e following amount:				
\$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif Certif	Filing Fee, icate of Status & ied Copy onal 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

<u> </u>	Seljo LL	1		
(Name of the Limited) (A	Liability Company Florida Limited Lia	y as it now appears (ability Company)	on our records.)	
The Articles of Organization for this Limited Liabi		vere filed on	3/10/16	and assigned
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liabili	ity company here	: •	
The new name must be distinguishable and contain the word	s "Limited Liability	y Company," the des	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:			
(Principal office address MUST BE A STREET)	<u>4DDRESS)</u>	 		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		30 011	ndo Rogan	Rd 308/0-1
B. If amending the registered agent and/or registered agent and/or the new registered offic			our records, <u>ente</u>	Frene Bame but ne new
Name of New Registered Agent: New Registered Office Address:	<u>Mi</u> 300	Mael Roe Enter Florid	C. Mi	John L.
-	32	City	, Florida _	errando 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 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 **Address Type of Action Title** <u>Name</u> Michael Murphy 3000 Rogan Rd. MAdd

Chardo, FL. 32812

Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change Add 1 \triangleright Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

The purpose of this ammendment is to gold Michael Murphy as the CFO of Seijo, LLC. Also change of address to 3000 Rogan Rel. 32812 Chando IFL	FO of Seijo, LLC. e of address to an Rel. 32812 FL
Also change of address to 3000 Rogan Rd. 32812 Chando IFL	e cf address to an Del. 32812 FL
3000 Rogan Rd. 32812 Chando FL	an Ped. 32812 FL
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Filing Fee: \$25.00