## L14000 184935

| (Re                     | questor's Name)      |             |
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| (Cit                    | ty/State/Zip/Phone # | )           |
| `                       | ,                    | •           |
| PICK-UP                 | ☐ WAIT               | MAIL        |
|                         |                      |             |
| (Bu                     | siness Entity Name   | )           |
| (Do                     | ocument Number)      | <del></del> |
| (DC                     | cument Number)       |             |
| Certified Copies        | _ Certificates of    | f Status    |
|                         |                      |             |
| Special Instructions to | Filing Officer:      |             |
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J. HARRIS

## **COVER LETTER**

| TO:           | Registration Sec<br>Division of Corp |  |   |   |
|---------------|--------------------------------------|--|---|---|
| SUBJEC        | SENAREX                              |  |   |   |
| SUBJEC        | CT:                                  |  | ted Liability Company   |   |
| The enci      | osed Articles of A                   | Amendment and fee(s) are subr                | nitted for filing.  |   |
| Please re     | eturn all correspon                  | ndence concerning this matter t              | to the following:   |   |
|               |                                      | FREDERICK NAZARIAN                           | ı   |   |
|               |                                      |  | Name of Person  |   |
|               |                                      | SENAREX US LLC                               |   |   |
|               |                                      |  | Firm/Company  | = 41.   |
|               |                                      | 495 BRICKELL AVENUE                          | APT 4610  |   |
|               |                                      |  | Address   |   |
|               |                                      | MIAMI FL 33131                               |   |   |
|               |                                      |  | City/State and Zip Code   |   |
|               |                                      | FREDERICK NAZARIAN                           | <del></del>   |   |
|               |                                      | E-mail address: (to                          | o be used for future annual report notific                          | ration)   |
| For furth     | er information co                    | ncerning this matter, please ca              | 11:   |   |
| FREDE         | RICK NAZARIA                         | N  | 786 516 6169  |   |
|               | Name of                              | Person                                       |   | Celephone Number  |
| Enclosed      | l is a check for the                 | e following amount:                          |   |   |
| <b>■</b> S25. | 00 Filing Fee                        | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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
Taliahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SENAREA US LLC   |  |  |                                       |
|--|--|--|---------------------------------------|
| (Name of the Limite  | d Liability Compa<br>A Florida Limited | any as it now appears on our records.)<br>Liability Company) |                                       |
| The Articles of Organization for this Limited Lia<br>Florida document number L14000184935                              | ability Company                        | were filed on DECEMBER 3, 201                                | 4 and assigned                        |
| This amendment is submitted to amend the follo   | wing:                                  |  |                                       |
| A. If amending name, enter the new name of   | the limited liab                       | pility company here:   |                                       |
| N/A  |  |  |                                       |
| The new name must be distinguishable and contain the wo  | ords "Limited Liabi                    | lity Company," the designation "LLC" or                      | r the abbreviation "L.L.C."           |
| Enter new principal offices address, if applica  | ible:                                  | N/A  |                                       |
| Principal office address MUST BE A STREET ADDRESS)   |  |  | 5                                     |
|  |  |  |                                       |
|  |  |  |                                       |
| Enter new mailing address, if applicable:  |  | N/A  |                                       |
| <u>Mailing address MAY BE A POST OFFICE I</u>  | BOX)                                   |  | <u> </u>                              |
|  |  |  | 80 N                                  |
| B. If amending the registered agent and/o egistered agent and/or the new registered off  Name of New Registered Agent: |  | <u>e</u> :   | enter the name of the ne              |
| ·  | 21/4                                   | <del></del>  | · · · · · · · · · · · · · · · · · · · |
| New Registered Office Address:   | N/A                                    | Enter Florida street address                                 |                                       |
|  |  |  |                                       |
|  | <del> </del>                           | , Florid   | da                                    |

## New Registered Agent's Signature, if changing Registered Agent:

CEMADEV HELLO

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

| <u>Title</u> | <u>Name</u>        | Address                   | Type of Action |
|--------------|--------------------|---------------------------|----------------|
| MGR          | PASCAL J GENNARINO | 495 BRICKELL AV. APT 4610 |                |
|              |                    | MIAMI FL 33131            | ■ Remove       |
|              |                    |                           | Change         |
|              |                    |                           | Add            |
|              |                    |                           | ☐ Remove       |
|              |                    |                           | Change         |
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|              |                    |                           | Add 7          |
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| tive date, if other than the date o  | f filing:   | (optional)                             |
| ffective date is listed, the date must be spec<br>If the date inserted in this block doe | cific and cannot be prior to date of filing or more than ses not meet the applicable statutory filing require | 0 days after filing.) Pursuant to 605  |
|  | ent of State's records.   |  |
|  |   |  |
| cord specifies a delayed effect<br>e 90th day after the record is                        | tive date, but not an effective time, at  | : 12:01 a.m. on the earlie             |
| e 90th day after the record is   | mea.  | •                                      |
| JUNE 30  | 2015  | ***1                                   |
| 1 2012 30  |   | <u> 注意</u>                             |
|  | VIII  |  |
| Signatur   | te of a member or authorized representative of a men  | iber O                                 |
| FREDERICK NAZARIAN   |   | 二十二二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二 |
|  |   | ·                                      |

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Filing Fee: \$25.00