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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

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OB - N WILLIAM STAND

N COOPER JUN 18 2018

COVER LETTER

TO: Registration S Division of Co			
SERCONI	EP. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Natly Torres Alvarado, Es	q.	
		Name of Person	
	Torres Alvarado, PA		
		Firm/Company	
	390 N. Orange Avenue, Su	uite 2300	
		Address	
	Orlando, Florida 32801		
		City/State and Zip Code	
	ntorres@torrespalaw.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
Natly Torres Alvarado		407 801-3529	
Name o	of Person		e Telephone Number
Enclosed is a check for t	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 Registration Section
Division of Corporations
Clifton Building

STREET/COURIER ADDRESS:

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERCONEP, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	and assigned	
Florida document number L14000190053		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or I	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
Principal office address MUST BE A STREET ADDRESS)		SECURITY OF THE PROPERTY OF TH
		<u> </u>
Enter new mailing address, if applicable:		e Proces
Mailing address MAY BE A POST OFFICE BOX)		9
		0
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		iter the name of the n
The registered Office Fiduress.	Enter Florida street address	·
	, Florid	
	City	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective of	date, if ot	her than	the date	of filir	ւց։	05/2018				(op	tional)		
Note: If the	ie date inse	rted in th	is block d	oes not	meet th	e applic	able sta					ursuant to 605 III not be liste	
document	s effective	date on th	ie Depart	nent of	State s	records	•						
	d specifie th day af					but no	t an e	ffective	time,	at 12:01	a.m. or	n the earlie	er o
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00