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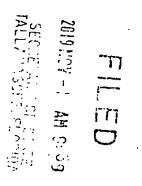
(Requestor's Name)
<u>. </u>
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
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Special Instructions to Filing Officer:

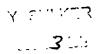
Office Use Only



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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	GUY PERF	ECT LLC		
		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		VASHON GADSON		
			Name of Person	
		29804 SW 158 CT	Firm/Company	
			Address	
		HOMESTEAD, FL 33033		
		VASHONGADSON@GMA	City/State and Zip Code AIL.COM	
		E-mail address: (to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
VASHON C	IADSON		305 420-8869	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 H	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

TO:

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

GUY PERFECT LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	inv as it now appears on our re Liability Company)	cords.)	
The Articles of Organization for this Limited		were filed on 12/16/2014		and assigned
Florida document number L14000191492	·			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	nility company here:		
SEGWAY REALTY LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "	LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if appli	cable:	29804 SW 158 CT		
(Principal office address MUST BE A STREET ADDRESS)		HOMESTEAD, FL 33033		
Enter new mailing address, if applicable:		29804 SW 158 CT		
(Mailing address MAY BE A POST OFFICE BOX)		HOMESTEAD, FL 33033	TAT	20
			<u> 50</u>	
B. If amending the registered agent and			ords, enter the	
registered agent and/or the new registered of	office address her	<u>e</u> :	- 11번째 - 기번째 - 기번째	
Name of New Registered Agent:	N/A		väh _l	~
New Registered Office Address:	29804 SW 158	СТ		
		Enter Florida street aa	ldress	
	HOMESTEAD	1	, Florida <u>33033</u>	
		City	7.	in 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
AMBR	Sherla Louis-BEltre	29804 SW 158 CT Homestead, FL 33033	□ Add
			Remove
			☐ Change
			□ Add
			□ Remove
			□ Change
			Add
			Remove
			Change

			Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change
			Add
			Remove
			Change

			
			
-	MOMENTO	'D 10 2010	
ffective date, if other than the an effective date is listed, the date mus lote: If the date inserted in this blocument's effective date on the Do	t be specific and cannot be prior ock does not meet the applic	to date of filing or more than Sable statutory filing require	0 days after filing.) Pursuant to 605.01
e record specifies a delayed The 90th day after the rec		t an effective time, al	: 12:01 a.m. on the earlier
october 21	2019		
1.		-	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00