

L15000044835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

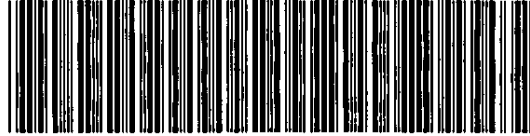
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500289202755

2016 AUG 22 AM 8:54
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

08/23/16--010074-010074--\$55.00

2016 AUG 22 P 12:25
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED

AUG 24 2015

BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEKATHO CHAUX 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:

LILY ANDREA CHAUX

Name of Person

SEKATHO CHAUX LLC

Firm/Company

4695 LUCERNE LAKES BLVD E APT 201

Address

LAKEWORTH, FL 33467

City/State and Zip Code

SEKATHO CHAUX @GMAIL.COM

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

For further information concerning this matter, please call:

Carlos Andres Chaux R.

Name of Person

at (561)

Area Code

246 2013

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 AUG 22 P 12:25

FILED

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

SEKATHO CHAUX 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 06/01/2015 and assigned
Florida document number L15000044835.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4695 LUCERNE LAKES BLVD E APT 201

LAKEWORTH, FL 33467

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4695 LUCERNE LAKES BLVD E APT 201

LAKEWORTH, FL 33467

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: LILY ANDREA CHAUX

New Registered Office Address: 4695 LUCERNE LAKES BLVD E APT 201

Enter Florida street address

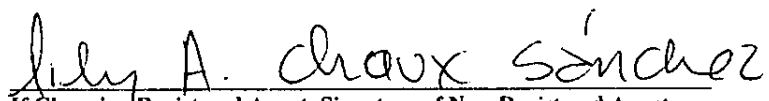
LAKEWORTH, Florida 33467

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>	<u>Address</u>	<u>Type of Action</u>
PRESIDE	LILY ANDREA CHAUX	4695 LUCERNE LAKES BLVD E	<input checked="" type="checkbox"/> Add
		Laneworth FL 33467	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VICEPRI	CARLOS A CHAUX-RODRIGUE	4695 LUCERNE LAKES BLVD E	<input type="checkbox"/> Add
		Laneworth FL 33467	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2018 AUG 27 P 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

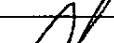
E. Effective date, if other than the date of filing: 07/19/2016 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 07/19/2016

7/19/2016

 Signature of _____

Typed or printed name of signee