

215000048019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

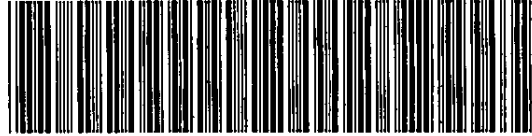
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300285543993

05/09/16--01015--022 **25.00

FILED
SECRETARY OF STATE
FALL ALABAMA
16 MAY - 9 PM 1: 56

MAY 10 2016
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SEVCHA PARTNERS 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:

RICHARD BERCINI
Name of Person
SEVCHA PARTNERS LLC
Firm/Company
124 SEVILLE CHASE DR.
Address
WINTER SPRINGS, FL. 32708
City/State and Zip Code
BERCINI@YAHOO.COM
E-mail address: (to be used for future annual report notification)

16 MAY - 9 PM 4: 56
SECRETARY OF STATE
TALLAHASSEE, FL. 32301

For further information concerning this matter, please call:

RICHARD BERCINI at (407) 492-0664
Name of Person Area Code 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

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

SEVCHA PARTNERS 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 MARCH 17, 2015 and assigned Florida document number L15000048019.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SECRETARY OF STATE
FALLA HASSER, F.L.C. 2A
16 MAR -9 PM 4:56

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida** _____
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>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

FILED STATE
 SECRETARY OF FINANCE
 TALLAHASSEE, FLORIDA
 JUN 14 11:56 AM '06

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

THIS AMENDMENT IS TO MAKE THE FOLLOWING CHANGES:

1) SEVCHA PARTNERS LLC MAY ISSUE UP TO 10,000 UNITS.

2) ALL MEMBERSHIP INTERESTS WILL BE REQUIRED THROUGH CONTRIBUTION OF CAPITAL (CASH OR NON CASH) RATHER THAN AS A SALE OF A PORTION OF ONE MEMBER'S INTEREST TO ANOTHER.

3) ANY ADDITIONAL MEMBERSHIP INTEREST CAN BE ACQUIRED THROUGH ADDITIONAL CAPITAL CONTRIBUTION.

16 MAY -9 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FL 32310

E. Effective date, if other than the date of filing: _____ (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 _____

Richard Bercini

Signature of a member or authorized representative of a member

RICHARD BERGINI

Typed or printed name of signee