## L15000057015

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## **COVER LETTER**

	istration Sec ision of Corp					
SUBJECT:	S and E Cap	oital Partners LLC				
		Name of Lim	nited Liability Company		<del></del>	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		Evens Frederic				
			Name of Person	7		
		S and E Capital Partners L	LC			
			Firm/Company			
	118 SW 13th Avenue					
			Address			
		Boynton Beach, FL 33435	i			
		-C-1-::00C): 1 1	City/State and Zip Code		<del></del>	
		efrederic80@icloud.com  E-mail address: (	to be used for future annual re	eport notification)		
For further in	iformation co	oncerning this matter, please c				
Evens Frede	ric		561 305	-5085		
	Name of	Person	Area Code	Daytime Telephor	ne Number	
Enclosed is a	check for the	c following amount:				
■ \$25,00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

Mailing Address:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S and E Capital 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  $\frac{03/31/2015}{1}$ and assigned Florida document number \_\_L15000057015 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) 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 <u>\_\_</u> City 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 fiability company has been notified in writing of this change.

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	Iphania Frederic	118 SW 13th Avenue Boynton Beach, FL 33435	<b>≣</b> Add
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If an effective date is listed Note: If the date insert document's effective date	the date must be spec ed in this block doe	rific and cannot be pries is not meet the appl	icable statutory fil	more than 90 days af	ter filing.) Pursuan	nt to 605.0207 ( be listed as th
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	Signatu	rohija member or au	morized representati	ve of a member		35