L15000067459

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



100358672241

01/25/21--01013--022 **25.00



3111/21

COVER LETTER

TO:		ation Secti n of Corpo		·		• •
/!* !* > ! *>	SEI	DOC, LLC				
SUBJE	CT:	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company		
The enc	losed An	ticles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please re	eturn all	correspond	lence concerning this matter	to the following:		
			Michal Jedrzejczak			
				Name of Person		
			SEDOC, LLC			
				Firm/Company		
			6922 W Linebaugh Ave, Sc	uite 101		
				Address		
			Tampa, FL 33625			
			City/State and Zip Code			
			sedocllc@gmail.com			
				to be used for future annual report not	ification)	
For furt	her infor	nation con	cerning this matter, please co	all:		
Michae	l Jedrzej	czak		786 381-2243 at ()		
		Name of P	erson	Area Code Daytin	ne Telephone Number	
Enclose	d is a che	ck for the	following amount:			
■ \$25	i.00 Filin	g Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
		Address:	art.	Street Address:	mat non	
	-	ration Secon of Cor	ction porations	Registration Se Division of Cor		
	P.O. B	ox 6327	•	The Centre of T	l'allahassee	
	Tallah	assee FI	32314	2415 N. Monro	e Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 JAN 25 PH 4: 55

SEDOC, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

TALLAHASSEE, FI

The Articles of Organization for this Limited Liability Company		
	were filed on 04/17/2015 and	d assigned
Florida document number L15000067459		
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 Liabi	lity Company," the designation "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:	6922 W Linebaugh Ave, Suite 101	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33625	
Enter new mailing address, if applicable:	6922 W Linebaugh Ave, Suite 101	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33625	<u>.</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the</u>	new registere
Name of New Registered Agent:		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	Enter Florida street address, Florida	·ode
	, Florida	ode

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>	Type of Action
AMBR	Klaudia Ratajczak	6922 W Linebaugh Ave, Suite 101	= Add
		Tampa, FL 33625	□Remove
			Change
AMBR	Michal Jedrzejczak	6922 W Linebaugh Ave, Suite 101	🗆 Add
		Tampa, FL 33625	
			Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	usp		□Add
			□Change
			Remove
			□ Change

_	
-	
-	
-	
-	
_	
•	
(It an et <u>Note:</u>	feetive 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them's effective date on the Department of State's records.
ord is fi	
Dated	Michal Jedrzejczak With all Jedrzejczak Signature of a member or authorized representative of a member
	Michal Jedrzejczak
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00