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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
	siness Entity Name	,
00)	isiness Entity Name)
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Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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R. WHITE

JUN 1 8 2020

COVER LETTER

то:	Registration Sec Division of Corp			
0110.11		SE HOLDINGS, LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		GREGORY W. KABEL, ES	SQ.	
		LAW OFFICES OF GREGO	Name of Person ORY W. KABEL LAW	
		ONE EAST BROWARD BL	Firm/Company .VD., STE 700	
		FT LAUDERDALE, FL 3330	Address 01	
		GREG@KABELLAW.COM	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For fur	ther information co	oncerning this matter, please co	all:	
GREG	KABEL		954 761-7770 at ()	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$2.	5.00 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

		L^{-2}
Т	ICK RIDGE HOLDINGS, LLC	2 6 9:4
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our ted Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp Florida document number	any were filed on MAY 05.	2015 and assigned
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 I	iability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	C'.	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 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 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
MGR	NEIL A. SMITHSON		
		PO BOX 39882 FT LAUDERDALE, FL 33305	■ Remove
			Change
MGR NEIL A SMITHSON, as Trustee MGR NEIL A SMITHSON REV. TRUST	PO BOX 39882 FT LAUDERDALE, FL 33305	<u></u>	
			Remove
			☐ Change
			Add
			Remove
			Change
			☐ Remove
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ffecti	ve date, if other than the date of filing: (optional)
ote:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
	MAY 27 2020
Dated	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00