L/6000047728

(Re	equestor's Name)	
(Ad	Idress)	
(Ac	idress)	
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COVER LETTER

	Registration Section Division of Corporations
SUBJEC	LANELLJUL7. LLC
500000	Name of Limited Liability Company
	sed Articles of Amendment and fee(s) are submitted for filing. urn all correspondence concerning this matter to the following:
	Seha Y. Lee
	Name of Person
	LANELLJUL7. LLC
	Firm/Company .
	1923 NE 3RD ST
	Address
	CAPE CORAL, FL 33909
	City/State and Zip Code
	SAMLEE007@YAHOO.COM E-mail address: (to be used for future annual report notification)
For furth	r information concerning this matter, please call:
Samuel 1	239 940-3163 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
□ \$25.0	Solution Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Solution Fee & Certified Copy (additional copy is enclosed) Solution Fee & 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

FILED
2016 MAR 25 PM 2:02
TAIL AHASSIE. FI GRIDA

LANELLJUL7. 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 Liabil	ity Company w	ere filed on March 8,	2016	and assigned
Florida document number L16000047728				
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liabili	ty company here:		
SESAMI, LLC				
The new name must be distinguishable and contain the words	"Limited Liability	Company," the designate	tion "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A)		NA		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or a registered agent and/or the new registered office	registered offi	ce address on our	records, enter	the name of the new
Name of New Registered Agent:		X (#	J	
New Registered Office Address:	,	Enter Florida str	eet address	
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:			
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi- company has been notified in writing of this char	nd complete po ed agent as pro stered office a	erformance of my d ovided for in Chapt ddress, I hereby cor	uties, and I am fo er 605, F.S. Or, nfirm that the lim	amiliar with and if this document is
		NA		

If Changing Registered Agent, Signature of New Registered Agent

MGR = N AMBR = A	Manager Authorized Member		2016 MAR 25
<u>Title</u>	Name	Address	title, name, and address of each person being ad The content of the content o
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nted	3-21, 2016	
	S D Dir.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00