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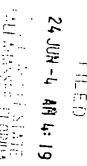
| (Re | questor's Name) | |
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| —————————————————————————————————————— | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
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| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | | | | |
|---|---|---|---|--|
| AP DESIG | N & DRAWINGS LLC | | | |
| SUBJECT: | Name of Lim | nited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| | ondence concerning this matter | - - | | |
| | PEDRO ALEJANDRO PL | LAZAS ROMERO | | |
| | | Name of Person | | |
| | | Firm/Company | | |
| | 5010 S ROSEBUD CIR | | | |
| | | Address | | |
| | LABELLE FL. 33935 | | | |
| | | City/State and Zip Code | | |
| | alejandroplazasromero@gn | | | |
| For further information c | E-mail address: (concerning this matter, please c | to be used for future annual report not all: | ification) | |
| Pedro A Plazas | | 346 8045742 at () | | |
| Name o | of Person | Area Code Daytin | nc Telephone Number | |
| Enclosed is a check for the | he 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 | | Street Address: | action | |
| Registration Section Division of Corporations | | | Registration Section Division of Corporations | |
| P.O. Box 6327 | | The Centre of | The Centre of Tallahassee | |
| Tallahassee, FL 32314 | | 2415 N. Monro | 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | N & DRAWINGS LLC | |
|---|--|--------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited | any as it now appears on our recor Liability Company) | <u>ds.</u>) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L17000028696</u> . | were filed on February 06 201 | 7 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| SENGAL GROUP LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 5010 S Rosebud cir | |
| Principal office address MUST BE A STREET ADDRESS) | Labelle Fl 33935 | |
| Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>) B. If amending the registered agent and/or registered office a gent and/or the new registered office address here: | nddress on our records, <u>enter</u> | the name of the new registe |
| gent and/or the new registered office address here: | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addres | y |
| | , Flo | orida Zip Code |
| | Sally . | жүг с пас |

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 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 |
|--------------|-------------|----------|----------------|
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| If amendi | ng any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: If the | date, if other than the date of filing: (optional) re 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records. |
| e record sp rd is filed. | ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated | 05/30//2024 |
| | Signature of a member of authorized representative of a member |
| | PEDRO ALEJANDRO PLAZAS ROMERO |
| | Typed or printed name of signee |