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2021 SEP 15 PM 10: 13

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Sedo 03/7 LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANNA SARKISSIAN
Sedo 03/7/20
4555 Blee MAJOR DRIVE
Windermere, FC 34786
City/State and Zip Code  OSOLEWSS/AND Color. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANNA SARKUSSIAN at 954, 478-4618
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

Mailing Address:
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

ARTICLES OF ORGAN OF 0 = 0 FILED

2021 SEP 15 PM 10: 13

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

(A Florida Limited Liability Company)

TALLA BASSET. Fig. 1.

The Articles of Organization for this Limited Liability Company were filed on 3/16/2017 and assigned Florida document number 2/70006/486.

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

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 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
MGR	Edouard Sarrissian	Address  4555 Blue Major De  Mindemele, Fl 34786	□Add
		<u>Minderneer</u> , FT 34786	& Remove
			□Change
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(If an effec Note: If	e date, if other than the date of filing:    3/2/2/2   (optional)
the record cord is filed	specifies 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 _	Signature of a member of a member
	EDOUARD SARKISSIAN  Typed or printed name of signee