L17000112396

(Requestor's Name)	
(Address)	
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(Business Entity Name)	
(Document Number)	
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то:	Registration Sec Division of Corp			
SUBJE	Serge Alber	t, LLC		
SUBJE		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub-		
Please	return all correspor	ndence concerning this matter	to the following:	
		Serge Albert		
			Name of Person	
		Serge Albert, LLC		
			Firm/Company	.
		850 Gulf Ln		
		**************************************	Address	
		Lehigh Acres, FL 33974		
			City/State and Zip Code	
		salbert@mail.hodges.edu E-mail address: (1	to be used for future annual report no	lification)
For fur	ther information co	oncerning this matter, please ca	•	,
Serge /	Albert		239 822-7777	
Name of Person		at () Area Code Daytir	ne Telephone Number	
Enclose	ed is a check for th	e following amount:		
□ \$25	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

Serge Albert, LLC			
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now apper a Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability C Florida document numberL17000112396	Company were filed on _	05/22/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company l	ı <u>ere</u> :	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)	-18	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regis	stered office address o	n our records, en	SIDE OF THE PER STATE O
registered agent and/or the new registered office add		ni oui recorus, <u>em</u>	er the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
	_	, 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 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 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
President	Serge S. Albert	850 Gulf Ln, Lehigh Acres,	
		Florida 33974	□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			Remove
			Change Change Add
		******	□ Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			Remove
			□ Change

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,	Adding EIN Number: 82-1635777	
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-	<u> </u>	,
	P. C.	DE PE
	74.4 6.4 1.1	بب
		\$
•		
Foot	ive date, if other than the date of filing: (optional)	
n ef	ective 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 tent's effective date on the Department of State's records.	d as
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	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r oʻ
	October 4	
ited	. 2017	
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Typed or printed name of signee

Filing Fee: \$25.00