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COVER LETTER

TO:		zistration Se vision of Cor				
CITO	IECT.	SENA MOI	RAN, LLC	•		
SUE	JECT:	· ·	Name of Lim	ited Liability Company		
The	enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Plea	se returr	all correspo	ndence concerning this matter	to the following:		
			SENA MORAN			
Name of Person						
SENA MORAN, LLC						
			4216 LEO LANE APT 3E			
			Address			
			RIVIERA BEACH, FL 33-	410		
			City/State and Zip Code			
SENA.MORAN@GI						
			E-mail address: (to be used for future annual report notific	cation)	
For	further is	nformation c	oncerning this matter, please ca	all:		
SEN	IA MOF	RAN		561 801-2856 at ()		
		Name o	f Person	Area Code Daytime	Telephone Number	
Encl	losed is a	a check for th	ne following amount:			
	\$25.00 F	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

SENA MORAN, LLC		
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 11-20-2017	and assigned
Florida document number L17000239144.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L.L.C" or (the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7 75
(Principal office address MUST BE A STREET ADDRESS)		08 (AF)
		3 70
Enter new mailing address, if applicable:	 	
(Mailing address MAY BE A POST OFFICE BOX)	 	<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	· •	nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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>	<u>Address</u>	Type of Action
MGR	SENA MORAN	4216 LEO LANE APT 3E	■ Add
		RIVIERA BEACH, FL 33410	Remove
			Change
			□ Remove
			☐ Change
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be	prior to date of filing or more than 90 days after filing.) Pur	rsuant to 605,0
If the date inserted in this block does not meet the alment's effective date on the Department of State's rec		not be listed
ment of the same of the boparation of same of the		
ecord specifies a delayed effective date, bu	t not an effective time, at 12:01 a.m. on t	the earlie
e 90th day after the record is filed.	,	
DECEMBER 11 2017		
d DECEMBER 11 2017		

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Typed or printed name of signee

Filing Fee: \$25.00