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(((H230003617403)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FREEDOMTAX ACCOUNTING & MULTISERVICES, INC.

Account Number : I20180000068 : (407)344-1012

Fax Number : (407)344-1371

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

	- 1 1						
-m21 L	Address:						

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SEPIA KING LLC

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEPIA KING LLC		
(Name of the Limited Liability Compa (A Floride Limited I	ny as it now appears on our record Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability Company Florida document number L18000005871	were filed on 01/08/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<del></del>
		œ.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	r
	, Flo	orida
	City	oridu Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		

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 tide, 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
MGRM	NGOC LEVAN	4660 Tribute Tr	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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ffective	e date, if other than the date of filing: (optional)  live 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
<u>dote:</u> If	tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
l is filed	
ated _	Octobel 16, 2023.
	October 16, 2023.  Clogge Tust  Signature of a member or antiprized representative of a member  Wolfgang Mistelbergel
	Significate of a member of additionized representative of a member
	Wolfanna Mistelhersel

Filing Fee: \$25.00