L1400000 9313

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2022 MAR 28 AM 9:39 SECRETARY OF STATE

A. BUTLER APR 1 1 2022

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

Senechal LI	.C		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Carl Senechal		
		Name of Person	
	Senechal LLC		
		Firm/Company	
	1919 Se 10th Ave Apt 513	2	
		Address	
	Fort Lauderdale, FL 33316	;	
		City/State and Zip Code	
	Csenechal94@gmail.com		
	E-mail address: (to be used for future annual report no	tification)
For further information co	oncerning this matter, please co	all:	
Carl Senechal		954 798-2166 at ()	
Name of	Person		me Telephone Number
Enclosed is a check for th	e 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 Registration S	Section	Street Address: Registration S	
Division of C P.O. Box 632		Division of Co The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

Senechal LLC (Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company) SECRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on TALLAHASSIE, FL and assigned Florida document number <u>L18000009313</u> 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 "L.L.C." 1919 Se 10th Ave Apt 5132 Fort Lauderdale, FL 33316 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1919 Se 10th Ave Apt 5132 Fort Lauderdale, FL 33316 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: 1919 Se 10th Ave Apt 5132 New Registered Office Address: Enter Florida street address Fort Lauderdale

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.

City

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
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
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			□Remove
			□Change

Page 2 of 3

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