L18000053685

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COVER LETTER

Registration Section

Э:

Division of Co	rporations				
	SENA, LLC				
JBJECT:	Name of Lim	ited Liability Company			
ne enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
ease return all corresp	ondence concerning this matter	to the following:			
	JOE A. CATARINEAU, J	D, CPA			
	•	Name of Person			
	JOE A. CATARINEAU, F	Α			
		Firm/Company			
	91750 OVERSEAS HIGHWAY				
		Address	-		
	TAVERNIER, FL 33070				
		City/State and Zip Code			
	JOE@TAXCATCPA.COM	l to be used for future annual report no	(ittemtion)		
or further information	concerning this matter, please c		in Caron,		
OE A. CATARINEAU	J	305 852-4833			
Name	of Person	at () Area Code Daytii	ne Telephone Number		
nclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SENA & SENA, LLC

(Name of the Limited Liability Compa (A Florida Limited I	iability Company)	<u>)rus.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000053685</u>	were filed on 02/28/2018	and assigned
This amendment is submitted to amend the following:		2018 SEC
A. If amending name, enter the new name of the limited liab	ility company here:	2018 DEC 11 SECRETAL
The new name must be distinguishable and contain the words "Limited Liabit	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
	117 S. CARROLL ST	SS COLUMN TO THE STATE OF THE S
(Principal office address MUST BE A STREET ADDRESS)	ISLAMORADA, FL 33036	
		171
Enter new mailing address, if applicable:	117 S. CARROLL ST	
(Mailing address MAY BE A POST OFFICE BOX)	ISLAMORADA, FL 33036	,
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Entar Florida stravt cult	drass
	mailing address, if applicable: ISLAMORADA, FL 33036	
		Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 66	, and I am familiar with and 15, F.S. Or, if this document is

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
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			□Remove
			Change
			□Add
			□ Remove
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			REDEASS
			SSET DREED VE
			DEC #3 PM2: Lugge CREINERY OF STATE
			□ Add
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