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ALLANASSEE FLORINA

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COVER LETTER ·

TO:

Registration Section
Division of Corporations

SUBJECT: \A\lambda	LY & SEB	SERVICES LCC	
	Name of Limite	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	itted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
	William	Marja(
		Seb Services, 11	
	<u>888</u> 2 4	J: FLAGLEIK 51 Address	1,7101
	- Miami,	FC. 3317 Y City/State and Zip Code	
	9 (1550) E-mail address: (to	82 @ 9mg . cc be used for future annual report notific	eation)
For further information cond	cerning this matter, please call	l:	
William Name of Pe	MARIA (at (<u>786)</u> <u>209</u> – Area Code Daytime	- 5 4. 59 Telephone Number
Enclosed is a check for the i	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)
Registration C Division C P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	PULCES LCC pany as it now appears on our Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 18 000 154 53 (</u>	y were filed on	$\frac{25/18}{}$ and assigned
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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	oility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ED PH 3 30
B. If amending the registered agent and/or registered or registered or registered office address he		records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t 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>	Name	Address	Type of Action
MGR	William MARSAL	8882 W. Fingler St.#14	Add
		8882 W. FLAGICE SE.#14 MIAMI, FC. 33174	Remove
			Change
			D Add
			□ Remove
			Change
			D_Add
			CHICAGO CHICAG
		FLORIUA	30 A 30
			□ Remove □ Change
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ffective date, if other than the date of filing an effective date is listed, the date must be specific as store: If the date inserted in this block does not ocument's effective date on the Department of	nd cannot be prior to date meet the applicable st	of filing or more than 90 of atutory filing requirement	_ (optional) lays after filing.) Pursu ents, this date will n	ant to 605.020 of be listed as
e record specifies a delayed effective The 90th day after the record is filed		effective time, at 1	2:01 a.m. on th	e earlier o
ated X 7/13/18	_ ,			
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1 million X	1.00001			

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Filing Fee: \$25.00