4800214860

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Gityi State / Zipir Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300320485293

11/08/10--016:3--010 ++30.00

Short of

2018 NOV -8 PM 1:25 SECRETARY DESTATE

COVER LETTER

Div	ision of Cor	porations			
SUBJECT:	Seccour Realty LLC				
SOBJECT.		Name of Lim	ited Liability Company		
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Eglintine Rigaud			
		Seccour Realty LLC	Name of Person		
		401 W. Atlantic Avenue Su	Firm/Company nite 09		
		Delray Beach, Florida 334	Address 14		
		aiglantin01@outlook.com	City/State and Zip Code		
For further is	ilormation co	E-mail address: (oncerning this matter, please ca	to be used for future annual report notifi all:	ication)	
Eglintine Ri			561 469-8972		
	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed is a	check for th	e following amount:			
□ \$25.00 F	iling 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:

TO:

Registration Section

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

FILED 2018 NOV -8 PM 1: 25

Seccour Realty LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

September 10, 2018 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number ______ 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: Enter Florida street address , Florida City

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>	Address	Type of Action
MGR	Eglintine Rigaud	401 W. Atlantic Avenue, Suite 09 Delray Beach, Fl. 33444	
			☐ Remove
			Change
			□ Remove
		- <u></u>	Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			□ Change
			Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
			□ Remove
			☐ Change

_	
_	
_	
_	
_	
_	
	· · · · · · · · · · · · · · · · · · ·
_	
_	
<u>ote:</u> !	re date, if other than the date of filing:
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ated _	November 7. 2018.
	November 7. 2018. Signature of a member of a member
	7.) Signature opa memori quantionized representative of a memoci

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00