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Office Use Only



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R. WHITE FEB 10 2020

### **COVER LETTER**

TO:	Registration Section Division of Corporation		<u>.</u> .	,		
		C ~	Be.H	aldings W	$(\cdot, \cdot)$	
SUBJ	ECT:	<u> </u>	Name of Limite	d Liability Company		
The e	nclosed Articles of A	mendment an	id fee(s) are subm	itted for filing.		
Please	e return all correspond	dence concer	ning this matter to	the following:		
			Gu	Name of Person	a F	
			Go	Be Holding Firm/Company	ys LL	
			2929	Langles Address	Ave S	ink_103
			Penso	City/State and Zip Code	3250	4
			E-mail address:	o be used for future annual	eport notification)	OM
For	further information co	oncerning this	s matter, please ca	all:		
<del></del>	Name w	CENT Person	wit	at ( <u>\$5</u> 0) Area Code	860 - 9 Daytime Telepho	one Number
Enc	losed is a check for th	ne following:	amount:			
4	\$25.00 Filing Fee	□ \$30.00 Centi	Filing Fee & ficate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		1 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

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

	Or	2020 1-11 12
<i>c</i> : 0	7 11.1.1010CC	2020 J.:! 13 PM 1: 18
	SE HOLDINGS	<b>V</b>
(Name of the Limited Liab (A Flori	ility Company as it now appears of da Limited Liability Company)	n our records.)
		- 27 - 18
The Articles of Organization for this Limited Liability		and assigned
Florida document number 2 \ 8 000 a \	18,701	
This amendment is submitted to amend the following:		
A 16 11	4. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
A. If amending name, enter the new name of the lin	nited hability company here	:
79		
The new name must be distinguishable and contain the words "Li	imited Liability Company, the design	gnation "LEC" or the abbreviation "E.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or reg		ur records, <u>enter the name of the nev</u>
registered agent and/or the new registered office ad	<u>ldress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street 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>	<u>Name</u>	Address	Type of Action
m GR	Guy Goldrit	2929 Langles Ave Suite Asku pensaein	F1 3 2504
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an ei	five date, if other than the date of filing:
e re Th	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier $\epsilon$ and $\epsilon$ so the carrier $\epsilon$ and $\epsilon$ so the carrier $\epsilon$
Date	1-10-2020
	Signature of a member or authorized representative of a member
	$\overline{}$

Page 3 of 3

Filing Fee: \$25.00