

L19000168921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

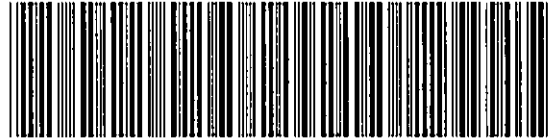
(Business Entity Name)

(Document Number)

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04/27/20--01019--003 **25.00

2020. 27 11 9:22

PAID
L19000168921

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: SEB INVESTMENTS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT BURNS

Name of Person

Firm/Company

110 BARNROCK DRIVE

Address

MILLS RIVER, NC 28769

City/State and Zip Code

GBURNS351@COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT BURNS

646 263-3301
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed 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)

☐ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2026: 27 11 9:22

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

HIGH SPRINGS, FL 32643

Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	GARY BURNS	28915 NW 78TH AVE	<input checked="" type="checkbox"/> Add
		HIGH SPRINGS, FL 32643	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SCOTT BURNS	110 BRANROCK DRIVE	<input type="checkbox"/> Add
		MILLS RIVER, NC 28769	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: JAN. 2, 2020 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

4/20/2020, 2020

Signature of a member or authorized representative of a member

GARY L Burns
Typed or printed name of signer

Typed or printed name of signee

Filing Fee: \$25.00