## 1900 190 584

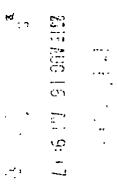
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Seth's LANN C	ARO LIC	<u> </u>
	f Amendment and fee(s) are sub	-	
Please return all corresp	ondence concerning this matter	to the following:	
	Sett.	Marsicoutere Name of Person	
	Setlic Le	New Call III	
	<u> 3913 N</u>	Salfad Blud Address	
	North Port	FL 3/1286. City/State and Zip Code  5 @ GM G/ (OF) to be used for future annual report notifi	
	Seth cat E-mail address: (	to be used for future annual report notifi	ication)
For further information	concerning this matter, please ca	all:	
Seth Mane	of Person	at (941) Zo4- 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ÁRTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Setto Lowa	Gore LLC	
( <u>Name of the Limited Liat</u> (A Flor	pility Company as it now appears ida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Florida document number L19000190584	Company were filed on	7/25/19 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "L	imited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	773
		= =====================================
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	gistered office address on Idress here:	•
		<i>∓*</i> • •
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		170 - 4
	Enter Florid	a 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

Title	<u>Name</u>	Address	Type of Action
MGR	Seth Marsicovetere	3913 N. Salfard Blud North Port For	34286 Add
		<del></del>	□ Remove
		·	Change
			🗆 Add
		<del></del>	□ Remove
			Change
		<del></del>	
		- <u>-                                    </u>	□ Remove
			☐ Change
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			☐ Change
			□ Remove
			Change
			D Add
			□ Remove
			Change

Effective date, if other than the date of filing:
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier. The 90th day after the record is filed.
Dated
Signature of a member or authorized representative of a member
Seth Marsiconstore  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00