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R. WHITE FEB 0 6 2020

COVER LETTER

Division of Cor	porations		
SUBJECT:	SEY I) Name of Limi	nvestment L ited Liability Company	-LC_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		baz Yousa Name of Person Investment Firm/Company	
		rellwood A	
	ST. J Shahbaz E-mail address: (1	City/State and Zip Code 4 A Yahoo. o be used for future annual report noti	32259 (021)
For further information c	oncerning this matter, please ca	ill:	
Shahba Name o	12 YOU saf	at (<u>786</u>) <u>399-</u> Area Code Daytim	9700 e Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration Se	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEY Investment (Name of the Limited Liability Compar (A Florida Limited L	t LLC 20238 rii 2: 10 Ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number	and dangled
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	llity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
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 a	ddress on our records, enter the name of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

. MGR = Manager AMBR = Authorized Member

Title	Name 1 11 Tuenter	Address	Type of Action
MGR	Elizabeth Fuentes Yous-af	131 Wellwood Ave ST. Johns FL 32259	□Add
		ST. Johns FL 32259	□Remove
			XChange
MGR	SHAHBAZ	131 Wellwood Ave ST. Johns FL 322	□Add
	YOUSHE	ST. Johns FL 322	259 Remove
			K Change
			□Remove
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effective date <u>e:</u> If the da	if other than the date of filin is listed, the date must be specific an e inserted in this block does not ctive date on the Department of	nd cannot be prior to date of meet the applicable sta	of filing or more than 90 days	optional) after filing.) Pursuant to 605.020 i, this date will not be listed as
cord specific s filed.	s a delayed effective date, but no	ot an effective time, at 1	2:01 a.m. on the earlier of	of: (b) The 90th day after the
ed	01/07/20	Jar	17,2020	,
		Columb	1 -	
	Signature of a	i memher or authorized re	presentative of a member	