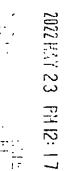
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COVER LETTER

SUBJECT:	Seip Group		UC
	Name of Lin	nited Liability Company	
771 . I I A . I I A		by to the	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Cathe	Name of Person	
The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Cathoring Scip Name of Person Firm/Company Hodge Uth Stand Address Pametto Scip Scip Scip Scip Scip Scip Scip Scip Scip			
		Firm/Company	
	12.09 4	Ith Stw	
		Address	
	Palme	4to FL 342	21
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For further information of		·	••••••••••••••••••••••••••••••••••••••
	one of this matter, prease e	uii.	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Adduna		Sec. 4.11	
			etion
Division of C	Corporations	Division of Cor	porations
i anadassee, i	(1.) J&J [T	Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

T	ΓΟ ζης
ARTICLES OF C	ORGANIZATION This
	OF /// '당기'
Seip Group	Real Estate LIC "
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 12000054839.	ny were filed on 22120 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	ibility company here:
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	WA
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	A
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>	Name	Address	Type of Action
MGR	Andrew Scip	1209 4th St W	DAdd
	·	1209 4th Stw Palmetto, FU3422	Remove
			□Change
			□ Add
			□Remove
			□Change
		□Remove	
			[] Change
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			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change

	None Changing name and adding
	my husband as a manager.
_	J
_	
	
_	
_	
_	
(If an effective Note: 1	re 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 of: (b) The 90th day after the d.
Dated _	May 19th 2022
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00