L20 000077049

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COVER LETTER

Registration Section Division of Corporations

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UBJECT:	SEDA Investmu	ents, LLC:	t
	Name of Lir	mited Liability Company	
ne enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.	
ease return all corre	espondence concerning this matter	r to the following:	
	Tif	fan y TWYL Name of Person	
	ESO Prop	erty Manageme	ent
	_150 Coloa 1	at (321) 783-5252 Area Code Daytime Telephone Number owing amount: 630.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Registration Section	
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r further informati	on concerning this matter, please		meationy
Tiffany -	TW1 K	at (<u>321</u>) <u>783-5</u> Area Code Daytim	252 te Telephone Number
closed is a check t	or the following amount:		
7 \$25.00 Filing Fe		Certified Copy	Certificate of Status & Certified Copy
Division of P.O. Box	on Section of Corporations	Registration Se Division of Cor The Centre of T	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ients.llc
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
e Articles of Organization for this Limited Liability Company orida document number <u>L2000077549</u> . is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company or the liability	lity company here:
e new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
iter new mailing address, if applicable: <u>Sailing address MAY BE A POST OFFICE BOX</u>)	
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	. Florida Zip Code
	City Zip Code

v Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability upany has been notified in writing of this change.

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager .MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
MGR	ESO EQUITY GROUPLLC		□Add
			_ XRemage 1
			Change
<u>IGR</u>	Ori Tal	150 CoCoa Isles Blvd # 202	_ Kembre Change
		Coloa Beach FL 32931	□Remove
			□Change
			🗆 Add
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fective date, if other that an effective date is listed, the date in serted in the date inserted in the date on the date on the date on the date of th	this block does not	meet the applical	o date of filing or mo ble statutory filing	(option re than 90 days after for requirements, this	iling.) Pursuant to 605.020
record specifies a delayed entire is filed.	ffective date, but no	ot an effective tin	ne, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
ned August 21		. <u>2020</u> P	ized representative of		
		by Carry	Juk	~	
-	Signature of a	a mientiber or author	ized representative o	of a member	