

MAR 05 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEVILLA AGENCY 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:

MITCHELL KATZ

Name of Person

GOLOMB KATZ SCHWARTZ LLLP

Firm/Company

1551 SAWGRASS PARKWAY SUITE 410

Address

SUNRISE, FL 33323

City/State and Zip Code

MIKATZ@GKS-CPA.COM

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

SECRETARY OF STATE
TALLAHASSEE, FL

2024 FEB 16 PM 4:38

FILED

For further information concerning this matter, please call:

MITCHELL KATZ CPA

954

272-4048

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:

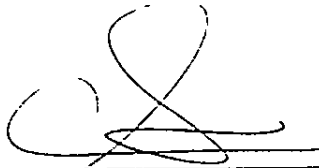
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Document Number: L24000059652

February 22, 2024

AFFIDAVIT

My name is **CARLOS SEVILLA**. I am the owner of Sevilla Financial Services.
I will not revoke the dissolution and I am releasing the name Sevilla Financial Services
LLC.



CARLOS SEVILLA

STATE OF FLORIDA

COUNTY OF PALM BEACH

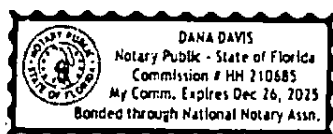
I **HEREBY CERTIFY** that on this day Carlos Sevilla personally appeared before
me authorized to administer oaths and take acknowledgments, Carlos Sevilla, who is
personally known to me acknowledged before me that he executed the foregoing freely
and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal on this ____22__ day of ____February____,
2024.

My Commission Expires:



NOTARY PUBLIC



ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SEVILLA AGENCY LLC

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

FILED
2024 FEB 16 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 6/18/2020 assigned
Florida document number L20000170372.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SEVILLA FINANCIAL SERVICES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Effective date, if other than the date of filing: _____ (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)

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 2/13/2024 2024

Signature of a member or authorized representative of a member

Carlos Sevilla
Typed or printed name

Typed or printed name of signee

Filing Fee: \$25.00