

L20000319165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

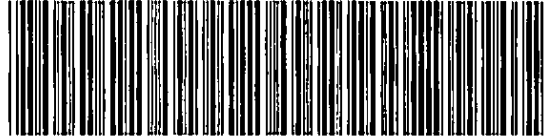
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200391439772

200391439772 10/25/04

SEAL OF THE STATE  
TALLAHASSEE, FL

2007 JUL 25 PM 4:21

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Severzone 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:

Sonny Pierre  
Name of Person

Severzone LLC  
Firm/Company

5168 Loma Vista Cir Apt 102  
Address

Oviedo, FL 32765  
City/State and Zip Code

SeverzoneLLC@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sonny Pierre at ( 407 ) - 630 - 0354  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 81C  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

2022 JUL 25 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FL

Sevcrezone LLC

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

The Articles of Organization for this Limited Liability Company were filed on 7/20/22 and assigned  
Florida document number L20000319165.

This amendment is submitted to amend the following:

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

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**

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> | <u>Name</u>                 | <u>Address</u>                     | <u>Type of Action</u>                      |
|--------------|-----------------------------|------------------------------------|--------------------------------------------|
| <u>MGR</u>   | <u>Sonny Pierre</u>         | <u>5168 Loma Vista Cir Apt 102</u> | <input type="checkbox"/> Add               |
|              |                             | <u>Orlando, FL 32765</u>           | <input type="checkbox"/> Remove            |
|              |                             |                                    | <input checked="" type="checkbox"/> Change |
| <u>MGR</u>   | <u>Jaimiah Severe-Owner</u> | <u>5168 Loma Vista Cir Apt 102</u> | <input type="checkbox"/> Add               |
|              |                             | <u>Orlando, FL 32765</u>           | <input type="checkbox"/> Remove            |
|              |                             |                                    | <input checked="" type="checkbox"/> Change |
| <u>MGR</u>   | <u>Marie Severe</u>         | <u>5168 Loma Vista Cir Apt 102</u> | <input type="checkbox"/> Add               |
|              |                             | <u>Orlando, FL 32765</u>           | <input type="checkbox"/> Remove            |
|              |                             |                                    | <input checked="" type="checkbox"/> Change |
|              |                             |                                    | <input type="checkbox"/> Add               |
|              |                             |                                    | <input type="checkbox"/> Remove            |
|              |                             |                                    | <input type="checkbox"/> Change            |
|              |                             |                                    | <input type="checkbox"/> Add               |
|              |                             |                                    | <input type="checkbox"/> Remove            |
|              |                             |                                    | <input type="checkbox"/> Change            |
|              |                             |                                    | <input type="checkbox"/> Add               |
|              |                             |                                    | <input type="checkbox"/> Remove            |
|              |                             |                                    | <input type="checkbox"/> Change            |

2077 JUL 25 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED  
2072 JUL 25 PM 4:20  
SECRETARIAT OF STATE  
TALLAHASSEE, FL

(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)

Dated July 20<sup>th</sup>, 2022

Sony Pierre  
Signature of a member or authorized representative of a member

Sonny Pierre  
Typed or printed name of signee