L20000371370

Office Use Only



000398938960

12/14/22--01007--002 **25.00

COVER LETTER

Division of Cor			• •	
SECC, LLC	-			
SUBJECT:				
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Hunter R. Higdon, Esq.			
		Name of Person		
	Higdon Law, PLLC			
		Firm/Company	1722	
	3545 St. Johns Bluff Road	S, Suite 2	-1 C	!
		Address		<u>-</u>
	Jacksonville, FL 32224		· .	tus &
	hunter@higdonlawpllc.com	City/State and Zip Code		. <u>.</u>
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Hunter R. Higdon, Esq.	· ·	850 565-0651		
		at ()		
Name o	t Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	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		Street Address:		
Registration S		Registration Se		
Division of C P.O. Box 632		Division of Co The Centre of	·	
Tallahassee, I			e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECC, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	··
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on November 24, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
		283
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		- Age
		<u> </u>
		••
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the nan</u>	ne of the ne w register
Name of New Decision of Assets		
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>	Address 3545 St. Johns Bluff Road S, Suite 2, Jacksonville, Ft. 32224	Type of Action
MBR 	Lexi Hendrix		■ Add
			□Remove
			□Change
MBR 	Landrey Hendrix	3545 St. Johns Bluff Road S, Suite 2, Jacksonville, FL 32224	■Add
			□Remove
			□Change
AMBR	William S. Hendrix	3545 St. Johns Bluff Road S, Suite 2, Jacksonville, FL 32224	□ Add
			Remove
			☐ Change
			□Add
			Remove
			Change
			□ Add
			🗖 Remove
			□ Change
			□ Add
			□Change

	-
	
	
	
	
<u>-</u> -	
1	
-1 1	<u> </u>
	
_ 	<u> </u>
	- •
: . <u>-</u>	
(optional) than 90 days after filing.) Pursuant to quirements, this date will not be	e listed as the
ne carner or. (b) The 90th day	anci inc
	(optional) than 90 days after filing.) Pursuant t

• • • •

Filing Fee: \$25.00