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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:		ted Liability Company	·
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
		Ady ari Ari/a	
		Sekan LLC Firm/Company	
	936 SW	1 st Are. #	990
	Miami	FL 33/30 -	4520
	E-mail address: (0	adyarimorales @	yahoo.es
For further information of	oncerning this matter, please ca	all:	
Ad y Name o	Bri Ailz	at (<u>786</u>) <u>343</u> Area Code Daytime	7.8837 Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sekam	LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	were filed on $10/5/2021$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	936 Sw 1st Are # 990
(Principal office address MUST BE A STREET ADDRESS)	Miemi FL 33/30 4320
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	936 SW 1 st Are # 990 Miami FL 33130-4520
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new registered</u>
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	<u>:</u>
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and
Ĭf Ch	anging Registered Agent, Signature of New Registered Agent

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

MGR =	Manager	
AMBR =	Authorized	Member

MGR = Ma AMBR = Au	thorized Member	Address	Type of Action
<u>Title</u>	Name		🗆 Add
			□Remove
			□ Add
			Remove
			□Change
			□ Add
			□Remove
			□ Add
		Change	
			□Add
			□Remove
		Change	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2021 E. Effective date, if other than the date of filing: _ (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 November 11 2021 Signature of a member or authorized representative of a member Adyari Avila Typed or printed name of signee

٠, . . .

Filing Fee: \$25.00