

122 000 185 308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

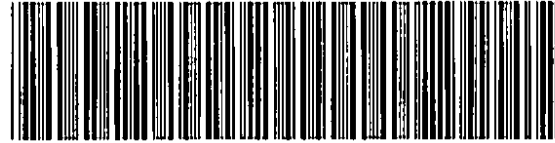
(Business Entity Name)

(Document Number)

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

2022 JUL -8 PM 6:29

FILED

07/08/22--01015--008 **25.00

OCT 4 2022

S. PRATHEP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seguin Investments, 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:

Robert Seguin
Name of Person

Seguin Investments, LLC
Firm/Company

160 Yacht Club Way, Apt 112
Address

Hypocrite, FL 33462
City/State and Zip Code

r.seguin424@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Seguin at (813) 802-9997
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

2022 JUL -8 PM 6: 29
ALL MOSES, FLORIDA
Assigned

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

_____, Florida _____
City *Zip Code*

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>
MGR	Robert Seguin	160 YACHT CLUB WAY	☐ Add
		112	☐ Remove
		Hypoluxo, FL, 33462	☒ Change
MGR	Samantha Seguin	160 YACHT CLUB WAY	☐ Add
		112	☐ Remove
		HYPOLUXO, FL, 33462	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

[illegible]

(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 July 1, 2022

Signature of a member or authorized representative of a member

Robert Seguin
Typed or printed name of signer

WALTON, FLORIDA

2022 JUL -8 PM 6:29

Filing Fee: \$25.00