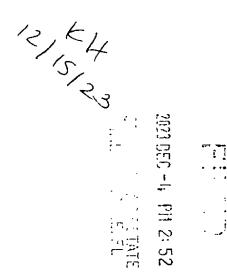


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





12/04/23--01031--028 **25.00



COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	SEST's EPISO Name of Li	PP156 ///C mited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are su	ibmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
		Name of Person		
		Firm/Company		
	113.0 N	W 184 PONE Address		
	MIAMI, FL	33169 City/State and Zip Code		
	E-mail address: (to be used for future annual repo	ort notification)	
For further information c	oncerning this matter, please c			BE -
ARTHUSIA Name of		at (<u>707</u>) <u>41</u> Area Code D	NO - 5652. Daytime Telephone Number	FH 2: 52
Enclosed is a check for th	e following amount:			一百.2
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Statu Certified Copy (additional copy to encle	

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

SEIT'S ENTERFRISE 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
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 "LLC"
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 /in Cole

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 hability company has been notified in writing of this change.

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

Title	<u>Name</u>	Address	Type of Action
<u> MGE</u>	H.Derisan Small	1135 AM 1840 OF MIGHT 151 33169	NAM!
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			□Change
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ffective date, if other than an effective date is listed, the date	the date of filing:		(option	ial) · · ·
an effective date is listed, the date of the late of the date inserted in the	e must be specific and cannot lais block does not meet the	be prior to date of filing o applicable statutory ti	r more than 90 days after fill ling requirements, this d	ling) Pursuant to 605.02 late will not be listed.
ocument's effective date on t	he Department of State's re	ecords.		
record specifies a delayed eff	ective date, but not an effer	ctive time, at 12:01 a.i	n, on the earlier of: th)	The 90th day after the
l is filed.		•		
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ated <u>Havember 15</u>	<u>702</u>			
	<u> </u>		ive of a member	

Filing Fee: \$25.00