L23000511727

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COVER LETTER

Registration Section TO: **Division of Corporations**

Senivy Pearl Inc. L.L.C _____

SUBJECT:

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:

Name of Person Firm/Company 9826 Country Oaks Drive Address Fort Myers Florida 33967 City/State and Zip Code Seurvypearline@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	Firm/Company 9826 Country Oaks Drive Address Fort Myers Florida 33967 City/State and Zip Code Scurvypearline@gmail.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: nie Kurtz 561 212-5394		Stephanie Kurtz
9826 Country Oaks Drive Address Fort Myers Florida 33967 City/State and Zip Code Scurvypearline@gmail.com E-mail address: (to be used for future annual report notification)	9826 Country Oaks Drive Address Fort Myers Florida 33967 City/State and Zip Code Scurvypearline@gmail.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: nie Kurtz 561 212-5394		Name of Person
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Fort Myers Florida 33967 City/State and Zip Code Scurvypearline@gmail.com E-mail address: (to be used for future annual report notification)	Fort Myers Florida 33967 City/State and Zip Code Scurvypearline@gmail.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: nie Kurtz 561 212-5394		9826 Country Oaks Drive
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	ther information concerning this matter, please call: nie Kurtz 561 212-5394 at ()		
for further information concerning this matter, please call:	nie Kurtz 561 212-5394 at ()		E-mail address: (to be used for future annual report notification)
	at ()	for further information	concerning this matter, please call:
Acplante reales		Stephanie Kurtz	
Name of Person Area Code Daytime Telephone Nun	Name of Person Acca Code Praymine Person	Name	
inclosed is a check for the following amount:		■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 F

□ \$30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)

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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

Seurvy Pearl Inc. L.L.C		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000511727</u> .	y were filed on <u>November 10, 2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	<u>bility company here</u> :	
The new name must be distinguishable and contain the words "Limited Liab	sility Company." the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:		•
(Mailing address MAY BE A POST OFFICE BOX)		· · · ·
	<u></u>	<u>_</u>
		-
B. If amending the registered agent and/or registered office agent and/ <u>or the new registered office address here</u> :	address on our records, <u>enter the n</u>	iame of the new registere
agent and/or the new registered other address here.		, -
		<u> </u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Cuy	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 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

<u>Title</u>	Name	Address	<u>Type of Action</u>
COO	Alyssa Kurtz	9826 Country Oaks Drive Fort Myers, Florida 33967	Add
			Remove
			Change
MGRM	Alyssa Kurtz	9826 Country Oaks Drive Fort Myers, Florida 33967	🖬 Add
			□Remove
			□Change
MGRM	Stephanie Kurtz	9826 Country Oaks Drive Fort Myers, Florida 33967	■Add
			🗆 Remove
			□Change
			_ _^ bbA⊡
			🗆 Remove
			Change
			⊡Add
			🗆 Remove
			□Change
			🗋 Add
			⊡Remove
			□Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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.

December 5	2023	
Lighter	Signature of a member or authorized representative of	a member
Stephanie Kurtz		
	Typed or printed name of signee	