

From: Claudia Rossi  
12/6/23, 4:51 PM

Fax: (305) 341 8918

To:

Fax: (850) 617-6383

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12/06/2023 5:07 PM

Division of Corporations

**L23000525 889**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : THERREL BAISDEN, LLP  
Account Number : I20140000065  
Phone : (305) 371-5758  
Fax Number : (305) 371-3178

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SEDERCO, LLC**

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Corporate Filing Menu

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T. LEMIEUX

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

H23000417405

SEDERCO, 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 11/28/2023 and assigned  
Florida document number L23000525889.

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 "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

3370 NE 190th Street

#1903

Aventura, FL 33180

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

3370 NE 190th Street

#1903

Aventura, FL 33180

**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

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

H23000417405

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

H23000417405

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SEDER, DREW	3370 NE 190th Street	<input type="checkbox"/> Add
		#1903	<input type="checkbox"/> Remove
		Aventura, FL 33180	<input checked="" type="checkbox"/> Change
MGR	SEDER, RACHEL	3370 NE 190th Street	<input type="checkbox"/> Add
		#1903	<input type="checkbox"/> Remove
		Aventura, FL 33180	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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