

L24000077622

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000165013 3)))



H240001650133ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : JUAN J GARCIA PADRO PA
Account Number : I20230000025
Phone : (787)599-3735
Fax Number : (407)627-1697

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

Email Address: Prof. Jesus hernandez@gmail.com

2024 MAY -7 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SEJEMAL INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED
2024 MAY -7 AM 10:40
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

MAY - 8 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEJEMAL 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:

JUAN GARCIA

Name of Person

JUAN J GARCIA PADRO PA

Firm/Company

1650 SAND LAKE ROAD SUITE 105

Address

ORLANDO FL 32809

City/State and Zip Code

JUAN@GARCIAPADRO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN J GARCIA

689

2337398

at ()

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

FILE
2024 MAY -7 PM 4
SECRETARY OF STA
TALLAHASSEE, FLORI

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SEJEMAL INVESTMENTS 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 _____ and assigned
Florida document number L24000077622.

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) _____

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 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

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	Jose A. Andrade Pena	15042 WILLOW ARBOR CIR	<input type="checkbox"/> Add
		ORLANDO FL 32824	<input type="checkbox"/> Remove
		***CORRECT NAME (no -) and (Pena)	<input checked="" type="checkbox"/> Change
MGR	Jesus G. Hernandez Acosta	15042 WILLOW ARBOR CIR	<input type="checkbox"/> Add
		ORLANDO FL 32824	<input type="checkbox"/> Remove
		***CORRECT NAME with (no -)	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 MAY -7 PM 4:51
 FILED
 TALLAHASSEE
 FLORIDA
 SEC. OF STATE

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

2024 MAY -7 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: _____ (optional)
(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 APRIL 29, 2024



Signature of a member or authorized representative of a member

JESUS G HERNANDEZ ACOSTA

Typed or printed name of signee

Filing Fee: \$25.00