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.

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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 : US CONTADOR INC Account Number : I20200000121 : (770)928-2700 Phone Fax Number : (888)772-8108

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

3:145

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SECANA26 LLC

Certificate of Status	0
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Page: 3 of 5

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## SECANA26 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 Compan Florida document number <u>L25000101636</u>	y were filed on 2/28/2025	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
SEVANA26 LLC			
The new name must be distinguishable and contain the words "Limited Liab	oility 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 agent and/or the new registered office address here:	address on our records, <u>er</u>	nter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street ad	ldress	
		, 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

Page: 4 of 5

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		<del></del>	□Remove
			□Change
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