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SECRETANT OF STATE
JALLAHASSEE, FLORIDA

JUL 0 6 2018 S. YOUNG

## **COVER LETTER**

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TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON: SEKO MAN	AGEMENT INC	
DOCUMENT NUMBER:			
The enclosed Articles of An		bmitted for filing.	
Please return all correspond	ence concerning this ma	tter to the following:	
	LES GARDI CPA		
		Name of Contact Perso	n
		Firm/ Company	
	7061 S TAMIAMI TR	AIL	
<del></del>		Address	
	SARASOTA FL 342.	31	
		City/ State and Zip Cod	e
LE	S@GARDICPA.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information cond	erning this matter, pleas	se call:	
LES GARDI		941 ai (	de & Daytime Telephone Number
Name of Cor	ntact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the I	following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee [	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Division o P.O. Box	ent Section of Corporations	Ameno Divisio Clifton 2661 li	Address Iment Section on of Corporations Building Executive Center Circle USSEE, F1, 32301

## Articles of Amendment to Articles of Incorporation of

## SEKO MANAGEMENT INC

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P05000098482	
(Document Number	of Corporation (if known).
Pursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	Thenew
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered." "professional association," or the abbreviation	"Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADDRESS )	
	- SE N
C. Enter new mailing address, if applicable:	Fig Z O
(Mailing address MAY BE A POST OFFICE BOX)	
	P
D. If amending the registered agent and/or registered office ad	ldress in Florida, enter the name of the
new registered agent and/or the new registered office addre	<u> 288:</u>
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	, Florida
New Registerea (VIJICE Address).	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt:
hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
Signature of Van	v Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	$\underline{PT}$	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	LASZLOFI Z LEVENTE	2819 62nd AVE E
Add			BRADENTON FL 34203
X Remove			
2) Change			
Add			
Remove			
3 ) Change		_	
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional et	ling additional Artic neets, if necessary).	<u>:ies, enter change(s)</u> - (Ra spacific)	<u>nere</u> :		
Ausen additional sh	ieeis, y necessary).	(ne specific)			
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t an amendment p	rovides for an excha- plementing the amen	<u>ange, reclassificatio</u> admont if not contai	n, or cancellation of ned in the amendo	oent itself:	
(if not applicate	ble, indicate N/A)	idiliciii ii not tolitali	aco in the mineral	KILL KALIT.	
<u> </u>					
		-			
			<del></del>	<del></del>	
				<del></del>	

The date of each amendment(s) at date this document was signed.	ption: if other than t
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as a furthern of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
■ The amendment(s) was/were add by the shareholders was/were su	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were add action was not required.	ted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	ted by the incorporators without shareholder action and shareholder
06/28/20 Dated	8
Signature	Mark & Salamas
(By a d	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	MARK S. SALOMONSKY
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)