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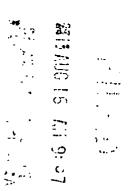
(Re	questor's Name)	
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COVER LETTER

	Division of Cor	porations		
erro	etrew.	SEBASTIANS INVESTMENT	T GROUP LLC	
SUE	SJEC 1:	Name of Lina	ned Liability Company	
The	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Plea	se return all correspo	ondence concerning this matter	to the following:	
			ARYE ROTSHTYN	
			Name of Person	
		SEBASTIAN	'S INVESTMENT GROUP LLC	
			Firm/Company	
			119 OGDEN AVENUE	
			Address	
		;	SEBASTIAN, FL 32958	
		SEBASTIANCHEVRON(
			to be used for future annual report not	fication)
For	further information c	concerning this matter, please co	ıll:	
	ARYER	ROTSHTYN	954 548-4502 at ()	
	Name e	of Person	Area Code Daytim	e Telephone Number
Enc	losed is a check for t	he 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEBASTIAN'S INVESTMENT GROUP LLC		
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company were filed on	08/05/2019	and assigned
Florida document numberL19000195295		
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 design	sation "LLC" or the ab	observation "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)		9:3
(Mailing address MAY BE A POST OFFICE BOX)		
		S 10.
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	r records, <u>enter</u>	the name of the n
registered agent and/or the new registered office address nerg.		, 19 5
Numer CN and Davidson 1 A const		્રં વ્ર
Name of New Registered Agent:		<u>C</u>
N1 1) 1 (%) (%) 1.1.		* ** L
New Registered Office Address:		
New Registered Office Address: Enter Florida s	treet address	
	trect address , Florida	Zıp 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	YAFIT LEVI STRITZEL	119 OGDEN AVENUE	□ Add
		SEBASTIAN, FL 32958	
			■ Remove
			☐ Change
AMBR	MOSHE LEVI	119 OGDEN AVENUE	
		SEBASTIAN, FL 32958	
			☐ Remove
			_ ⊟ Change
			Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	Add
			☐ Remove
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lf an effe <u>Note:</u>	ve date, if other than the date of filing:	0207 d as:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	rof
Dated	8/13/2019	
	- Ahr. Jut Mille	
	Signature of a Member or authorized representative of a member	
	ARYE ROTSHTYN	

Page 3 of 3

Filing Fee: \$25.00