## L19CCC 145245

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## **COVER LETTER**

TO: Registration Sect Division of Corp			
SUBJECT: Sebas	stian's Investr	nent Broup, LLC	
	Name of Line	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Anye Ro	+Sh+yh Name of Person	
	Sebastian	'S Investment Firm Company	Group, uc
	12510 Rose	land Road	<u>.</u>
		Florida 3291 City/State and Zip Code	
	Se bastianii E-mail address: (	nvestment@ao	1.com fication)
For further information cor	icerning this matter, please co	all:	
Ashley Mu	1ray Person	at ( <u>772</u> ) <u>999 -</u> Area Code Daytim	1911  Telephone Number
Enclosed is a check for the	following amount:		
\$\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sc Division of Co P.O. Box 6327	ection rporations	Street Address: Registration Se Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sebastian's 1	Nestmer	1+ Group, as it now appears on our bility Company)	LLC records.)		-
(.	A Florida Limited Lia	bility Company)			
The Articles of Organization for this Limited Lia	bility Company w	ere filed on $85$	12019	and a	assigned
Florida document number <u>L190601952</u>	95		•		
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabili	ty company here:			
The new name must be distinguishable and contain the wo	rds "Limited Liebility	Company" the decimation	un "I I C" ar the	abbroviation '	<u> </u>
The new name must be distinguishable and contain the wo	ids Emitted Datamiy				
Enter new principal offices address, if applica	ble:	<u>19510 Rose</u>			
(Principal office address MUST BE A STREET	ADDRESS)	Sebastian	, Floria	1a 320	167
		-			
				•	
Enter new mailing address, if applicable:		<u>Same a</u>	s abo	1e	
(Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>				
				<b>5</b>	f +
B. If amending the registered agent and/or re		dress on our records,	enter the na	me of the n	<u>iew registered</u>
agent and/or the new registered office address	nere:				
Name of New Registered Agent:	Arye	Rotshtyn			<u>.</u>
New Registered Office Address:	<u> 1a510</u>	Roseland	Rd	<u>&gt;</u>	
	•	Enter Florida stree	t address		
	<u>Sebas</u>	tian	Florida _	3296	8
		City		Zip Coo	te -

## 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 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>	Address	Type of Action
F <u>RO</u>	Arye Rotshtyn	12510 Roseland Rd	VAdd
		Sebastian, Fl 32958	□Remove
ام میلید	Mant		🗆 Change
egistereu MGR	Arye Rotshtyn	12510 Roseland Rd	ZAdd
		Sebastian, Fl 32958	□ Remove
			□Change
			□Add
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Filing Fee: \$25.00