

L04000063035

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To:

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Fax Number : (850)205-0383

From:

Account Name : SMALL BUSINESS RESOURCES USA, INC.
Account Number : I20040000173
Phone : (407)298-4646
Fax Number : (407)297-0588SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SEBASTIAN, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sebastian, 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:

James K. Duerr, CPA

(Name of Person)

Small Business Resources USA, Inc.

(Firm/Company)

773 S. Kirkman Rd., Ste. 118

(Address)

Orlando, FL 32811

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

James K. Duerr, CPA

(Name of Person)

at (407) 298-4646

(Area Code & Daytime Telephone Number)

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MAILING ADDRESS:
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

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FAX AUDIT # H 06000172202 3^{P.3}
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Sebastian, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on August 25, 2004 and assigned document number L04000063035.

SECOND: This amendment is submitted to amend the following:

Article I(1.4) - The principle office and the mailing address of the Limited Liability Company
shall be changed to: P.O. Box 691814 Orlando, FL 32869

Article I(1.5) - The new name of the registered agent shall be Small Business Resources USA,
Inc. 773 S.Kirkman Rd., Ste. 118 Orlando, FL. Having been named as registered agent and to
accept service of process for the above stated limited liability company at the place designated
in this certificate, 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 relating to the
proper and complete performance of my duties, and I am familiar with and accept the
obligations, of my position as registered agent.

Registered Agent Signature: James K. Duerr

Dated July 3, 2006.

James K. Duerr Representative
Signature of a member or authorized representative of a member

James K. Duerr, Representative

Typed or printed name of signee

Filing Fee: \$25.00

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