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D. BRUCE

JAN 19 2010

**EXAMINER** 

# **COVER LETTER**

TO: Registration Sec Division of Corp		
SUBJECT:	SEBALIA LLC	
	Name of Limited Liability Company	
The enclosed Articles of A	amendment and fee(s) are submitted for filing.	
Please return all correspon	dence concerning this matter to the following:	
	Brian M. Youngs	
	Name of Person	
	Firm/Company	
	3365 WOODS EDGE Circle #104	
	Address	
	Bonita Springs, FL. 34134 PS = -	
	City/State and Zip Code	T
	E-mail address: (to be used for future annual report notification)	-
For further information co	E-mail address: (to be used for future annual report notification)  ncerning this matter, please call:	Π
BriAN You		כ
Name of	Person at (239) 591-2512 BB Area Code & Daytime Telephone Number	
Enclosed is a check for the		
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  \$\( \begin{align*} \\$60.00 \text{ Filing Fee,} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

### 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

, SEB	ALIA, LLC		
	bility Company as it now appears on our recorda Limited Liability Company)	ords.)	
The Articles of Organization for this Limited Liabil Florida document number L 05 0000 /8	ity Company were filed on <u> </u>	and assigned	
This amendment is submitted to amend the following	g:		
A. If amending name, <u>enter the new name of the</u> BRIAN M. YOU	NGS, LLC		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the desig	nation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	:	AR C	
(Principal office address MUST BE A STREET A	DDRESS)	AA T	
		L FD 5 PH 2: SEE. FLO	
Enter new mailing address, if applicable:		<del></del>	
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	DA G	
B. If amending the registered agent and/or r registered agent and/or the new registered office		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Finter Florida et	reet address	
	Enter Florida street address		
-	, Flo	rida 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Add
			Remove
			Remove
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			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if ne	cessary.)
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<del></del>			PED PLSTATION OF STATION OF STATI
	Maria		27 C C ST C C ST C C C C C C C C C C C C C
Dated	January 14.	2010	
	3		
		member or authorized representative of a member	
	DRIA.	M. Young S Typed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00