

L070000084572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

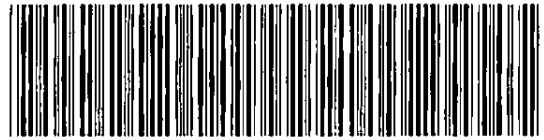
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

J. HORNE
AUG 26 2024

Office Use Only



200434917762

09/20/24--01029--020 **25.00

FILED
2024 AUG 20 PM 12:11
J. HORNE
AUG 26 2024

SEBASTIAN RIVER PROPERTIES, LLC

8530 U.S. Highway 1

Suite 8

Micco, Florida 32976

Daytime Phone (772) 663-6991

Cell Phone (321) 298-0460

August 14, 2024

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: Sebastian River Properties, LLC
Articles of Amendment to Articles of Organization
Florida Document Number: L07000084572

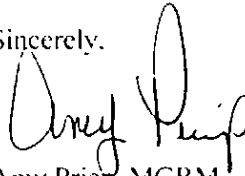
To Whom It May Concern:

Please see the enclosed Articles of Amendment to Articles of Organization for the above-referenced Limited Liability Company, along with a copy of a Certification of Death for my husband, Arthur F. Priep, certifying his date of death as April 5, 2024. I have also enclosed a check in the amount of \$25.00 for the filing fee.

It is my hope that a copy of his Certification of Death is sufficient, as an original had been provided to the Division of Corporations previously when a Certificate of Amendment to Certificate of Limited Partnership (Number A07000000979) was filed for A & A Family Limited Partnership, LLLP, in July of 2024.

Please feel free to contact me with any questions or concerns.

Sincerely,



Amy Priep, MGRM
Sebastian River Properties, LLC

/ap

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sebastian River Properties, 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:

Amy M Priep

Name of Person

Sebastian River Properties, LLC

Firm/Company

8530 U.S. Highway 1, Suite 8

Address

Micco, FL 32976

City/State and Zip Code

tech_art@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy M Priep

Name of Person

at (772)

Area Code

663-6991

Daytime Telephone Number

Enclosed is a check for the 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Sebastian River Properties, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 AUG 20 PM 12:11
HARRIS COUNTY CLERK
JULIE A. ESTES, CLERK

The Articles of Organization for this Limited Liability Company were filed on 08/17/2007 and assigned
Florida document number L07000084572

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 designation "LLC" or the abbreviation "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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

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 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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member


[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

August 14, 2024



Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00