L09000050781

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FEB 25 2010

EXAMINER

PILE 32 M 32 32 2010 FEB 24 M 32 32 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sebastian Investment 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:	
Ralph Pepe Name of Person	
Firm/Company	
6601 Cherry Grove Circle	
Orlando, FL 32809 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Ralph Pepe at (407) 251-659/ Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	1
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

Schastian Inve	stment Properties, LLC y Company as it now appears on our records.) Limited Liability Company)	
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on $\frac{5/26/09}{}$	and assigned
Florida document number <u>L0900050781</u>		
This amendment is submitted to amend the following:	·	
If amending name, enter the new name of the lin	nited liability company here:	
Sebastian Itoldings Grou The new name must be distinguishable and end with the we	p, LLC ords "Limited Liability Company," the designation	n "LLC" or the abbreviation
"L.L.C."		
Enter new principal offices address, if applicable:		FM F
(Principal office address MUST BE A STREET ADD	RESS)	2010 FEB 24 SECRETARY TALLAHASS
		3R 24
		THE T
Enter new mailing address, if applicable:		70
(Mailing address MAY BE A POST OFFICE BOX)		22 32 32 S
B. If amending the registered agent and/or regis		er the name of the new
registered agent and/or the new registered office ad	dress nere:	
N. CNI Burne IA		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	a ddwana
	Enier Fioriau street	વલવા ૯૩૪
	, Florida	Zip Code
	City	zip Coae

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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			[T] D
D. If amen	iding any other information, enter c	hange(s) here: (Attach additional sheets,	if necessary.)
_			ZOIN FEB 2 SECRETAR TASLAMAS
 	February 22,	2010	LED 24 AM 59: 32 1RY OF STATE 53EE. FLORIDA
		ember or authorized representative of a member of a MCKM Typed or printed name of signee	er

Page 2 of 2

Filing Fee: \$25.00