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(R	equestor's Name)		
(Address)				
(A	ddress)			
(C	ity/State/Zip/Phor	ne #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				
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SECRETARY OF SATION DIVISION OF CORPORATION

COVER LETTER

TO:	Registration Se Division of Cor			•
SUBJE	ст: <u>Seb</u>	Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Aud I.	Rosa - Rundolf Name of Person	<u>-</u>
			Firm/Company	<u> </u>
		1515 (00	revel Bridge DR.	
		DeLand	City/State and Zip Code	
		E-mail address: (1	to be used for future annual report notifica	tion)
For furt	her information c	oncerning this matter, please c	all:	
An	A I. Ro Name o	sa-Raudo/ph fPerson	at (386) 453-48: Area Code & Daytime T	2 7 Telephone Number
Enclose	d is a check for th	ne 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)

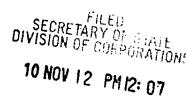
MAILING ADDRESS:

TO:

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



	-	- 01
Sebaria	na, LLC	
(Name of the Limited Liabilit	y Company as it now appears Limited Liability Company)	on our records.)
·		
The Articles of Organization for this Limited Liability (Company were filed on	//9/20/0 and assigned
Florida document number 1100004173	54 .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the wo	ords "Limited Liability Company	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Ento	r Florida street address
	Ente	1 tortuu sireet uuuress
	C'	, Florida Zip Code
	City	гір Соае

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

MGR = Manager

MGRM = Managing Member

Title Name Address **Type of Action** Axel Edward Rosa Add Add Rcmove ☐ Add Remove ☐ Add _ Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00