410000124148

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	,
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
		707

Office Use Only



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2021 SEP 13 PM 7: 1,8
SECRITAL ANALYSIS FOR TAIL

D PRUCE SEP 28 2021



September 14, 2021

AVRAHAM TRAHTEMBERG TAXES MIAMI INC 17450 NE 3 AVE NORTH MIAMI BEACH, FL 33162

SUBJECT: SEBUCAN INVESTMENTS, LLC

Ref. Number: L10000124148

We have received your document for SEBUCAN INVESTMENTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please cally (850) 245-6842.

Deborah Bruce Corporate Records Supervisor II

Letter Number: 721A000221957

COVER LETTER

TO:

Registration Section

Division of Cor	porations							
SUBJECT:	SEBUCAN	INVESTHER	TS, LLC					
	Name of Limi	ted Liability Company	<u> </u>					
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.						
	ondence concerning this matter	_						
r rease return air correspo	indence concerning this matter	to the following.						
	Aurah	nam Trahtember	7					
	T	AXES MIAMI INC	•					
		Firm/Company						
	171	150 NE 3 AVE						
		Address						
	NORTH	MIAMI REACH F	L 33162					
	10010	Miami BEACH F City/State and Zip Code	\$E \$ 1					
	A	ui @ TAXESPARTN	ER. COM ACT SI					
For further information c	E-mail address: (t oncerning this matter, please ca	City/State and Zip Code O I @ TAXES PARTN to be used for future annual report notificall: at (305) 205 Area Code Daytime	cation)					
AURAHAN	TRAUTEMBERG	205 205	- (2 cc	;				
Name o	f Person	Area Code Daytime	Telephone Number					
Enclosed 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 Addres Registration S		Street Address: Registration Sec	tion					
Division of C		Registration Section Division of Corporations						
P.O. Box 632		The Centre of Ta						
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SE BUCAN	JNUE:	STME	NTS,	LLC			
(Name of the Limited (A	Florida Limited	Liability Cor	npany)	our recorus.)			
The Articles of Organization for this Limited Liab Florida document numberL_A_OOOO_:			on 12	02/2	010	and as	ssigned
This amendment is submitted to amend the follow	ing:						
A. If amending name, enter the new name of the	ne limited lial	bility comp	any here:				
The new name must be distinguishable and contain the word		ility Compan	y," the desigr	ation "LLC" (or the abbrev	iation "l	LL.C."
Enter new principal offices address, if applicab					(7)	20	
<u>(Principal office address MUST BE A STREET .</u>	<u>ADDRESS)</u>					12 S	
		-			<u>i:-</u>	<u> </u>	
					5	$\overline{\omega}$	- Mary
Enter new mailing address, if applicable:					<u> </u>		; 73
(Mailing address MAY BE A POST OFFICE BO	OX)				į r	¥ 7	
	_					31:	
B. If amending the registered agent and/or reg agent and/or the new registered office address l		address or	ı our recoi	ds, <u>enter th</u>	ne name of	the ne	ew register
Name of New Registered Agent:	<u> </u>	i LY	Υ.	COHE	<u>-</u> N		
New Registered Office Address:	1671		LLi NS nter Florida s		APT	180	6
	SUNNY	SLES City	BEACH	<u>√</u> , Flor	ida3	331 Zip Code	60
New Registered Agent's Signature, if changing Reg	vistered Agent	•					

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 **Title** Name **Address Type of Action** MGRM DENNY D. COHEN 16711 COLLINS AVE APT 1806 DAN SUNNY ISLES BEACH FL 33160 Remove ____ □Change \square Add □Remove □ Change SEP Remove ☐ Change \square Add ☐Remove _____ Change □Remove _____ □Remove

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ective date, if other than	the date of fi	ling:			(optional)	_	
effective date is listed, the dat te: If the date inserted in the								
ument's effective date on t								
cord specifies a delayed eff s filed.	ective date, but	not an effec	tive time, at	12:01 a.m. o	n the earlier o	of: (b) The	: 90th da	y after the
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od SEPTEMBER			<u> </u>					
ed SEPTEMBER			/ / ,					
sed SEPTEMBER		1/0/2		representative				