

**L15000147523**

**Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.  
Account Number : 120010000062  
Phone : (323) 962-8600  
Fax Number : (323) 962-3889

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SEAN SEBASTIAN DESIGNS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: SEAN SEBASTIAN DESIGNS, 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

100 W. Broadway Suite 100

Address

Glendale, CA 91210

City/State and Zip Code

joyhere22@gmail.com

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

For further information concerning this matter, please call:

Imelda Vasquez

323 962-8600 ext 7950  
at ( )

Name of Person

Area Code

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JOYCE ALBRIGHT	1226 Main Street	<input checked="" type="checkbox"/> Add
		Windemere, Florida 34786	<input type="checkbox"/> Remove
AMBR	John Thruman	502 MAIN STREET	<input type="checkbox"/> Add
		WINDEMERE, FL 34786	<input checked="" type="checkbox"/> Remove
AMBR	JOYCE ALBRIGHT	502 MAIN STREET	<input type="checkbox"/> Add
		WINDEMERE, FL 34786	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 10/19/2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Joyce Albright  
\_\_\_\_\_  
Typed or printed name of signee

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