

L170000044525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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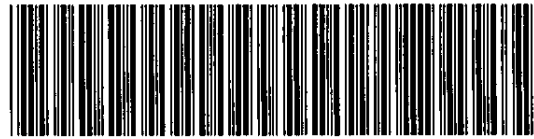
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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MAR 10 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SEBASTIAN PHARMACY 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:

HINA SHASTRI

Name of Person

SEBASTIAN PHARMACY LLC

Firm/Company

1045 CADY CIRCLE

Address

TITUSVILLE, FLORIDA 32780

City/State and Zip Code

ALKESHSHASTRI@YAHOO.COM

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

For further information concerning this matter, please call:

HINA SHASTRI

321 543-2391
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

SEBASTIAN PHARMACY LLC

(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

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

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2011 MAR - 1 P 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Registered Agent

MGR = Manager
AMBR = Authorized Member

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated March 3, 2017.

Hina Shastri

Typed or printed name of signee

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TALLAHASSEE, FLORIDA