

L19000265540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

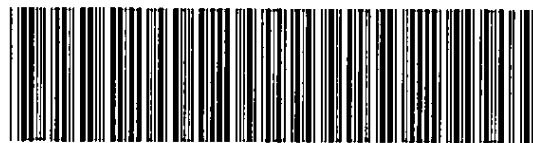
(Business Entity Name)

(Document Number)

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DEC 10 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SEBASPIRU 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:

Gabriela De Marinis

Name of Person

G&D Associates Group LLC

Firm/Company

10350 W Bay Harbor Dr Apt 3U

Address

Bay Harbor Islands, FL , 33154

City/State and Zip Code

mgdemarinis@gmail.com

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

For further information concerning this matter, please call:

Gabriela De Marinis

786 202-9378

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SEBASPIRU LLC

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

The Articles of Organization for this Limited Liability Company were filed on October 23, 2019 and assigned Florida document number L19000265540.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

Enter new principal offices address, if applicable:

10350 W Bay Harbor Dr Apt 3U

Bay Harbor Islands, FL 33154

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

10350 W Bay Harbor Dr Apt 3U

Bay Harbor Islands, FL 33154

(Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Gabriela De Marinis

New Registered Office Address:

10350 W Bay Harbor Dr Apt 3U

Enter Florida street address

Bay Harbor Islands

, Florida 33154

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Patricio P. Pratts	Juan M. Coghland 4742	<input type="checkbox"/> Add
		Buenos Aires BA. 1417 AR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alicia R. Gioiosa	Juan M. Coghland 4742	<input type="checkbox"/> Add
		Buenos Aires BA. 1417 AR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	G&D Associates Group LLC	10350 W Bay Harbor Dr Apt 3U	<input checked="" type="checkbox"/> Add
		Bay Harbor Islands, FL 33154	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: October 1, 2020 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 28, 2020

Gabriela De Marinis

Signature of a member or authorized representative of a member

Gabriela De Marinis

Typed or printed name of signee