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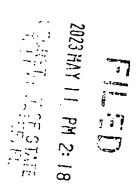
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Y. SCOTT JUL - 8 2023

COVER LETTER

TO:

TO: Registration Se Division of Cor			
• •	SEBSIENN IN	VESTMENTS II, LLC.	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		ELOY H. LEON	
		Name of Person	
	-	Firm/Company	
		3534 SW 143 CT	7023 HAY
	·	Address	
		MIAMI, FL 33175	
		City/State and Zip Code	PA 11
	E-mail address: (1	eloyld@gmail.com	fication) $\frac{1}{1}$ $\frac{1}{2}$
For further information c	oncerning this matter, please ca	all:	
ELOY	H. LEON	305 962-3153 at ()_	
Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for the	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	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632 Tallahassee, 1		The Centre of T 2415 N. Monro	e Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEBSIE?	NN INVESTMENTS II, LLC.		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our reco a Limited Liability Company)	rds.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L20000073798</u>	Company were filed on 03/05/2020	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
12035 SW INVESTMENTS, LLC.			
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LL	"C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	 -		
(Principal office address MUST BE A STREET ADDI	RESS)		
		2023	
Enter new mailing address if applicables			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		- 131 Z: J	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, ente	er the name of-the new register	
agent and/or the new registered office address nerv			
Name of Nam Basistanad Avants			
Name of New Registered Agent:		·	
New Registered Office Address:			
	Enter Florida street address		
		Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registere	ed Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete performance of my duties, igent as provided for in Chapter 603 red office address. I hereby confirm i	and I am familiar with and 5, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SONYA PACHECO	3534 SW 143 CT MIAMI, FL 33175	≡ Add
			□Remove
			□ Change
			□Add
			□Remove
			☐Change
			ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ
			Remove
			□Add
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			□Add
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			G Change

	<u>. </u>
	2023
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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date o ote: If the date inserted in this block does not meet the applicable state.	of filing or more than 90 days after filing.) Pursuant to 605.02
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) The 90th day after the
l is filed.	
ated May 5 TH 2023	
rated	
Signature of a member or authorized re	presentative of a member
	presentative the a memory

Filing Fee: \$25.00