

L21000157485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

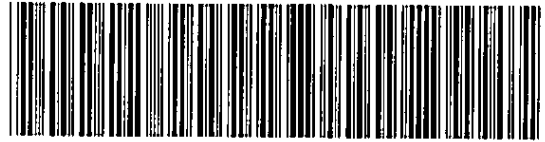
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2021 OCT 12 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEBAS PIZZA, 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:

SEBASTIAN ZARAGOVIA
Name of Person

SEBAS PIZZA
Firm/Company

1000 RIVER REACH DRIVE #119
Address

FORT LAUDERDALE, FL 33315
City/State and Zip Code

SAZARAGOVIA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEBASTIAN ZARAGOVIA at (954) 648 5043
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**

2021 OCT 12 AM 8:57

SEBAS PIZZA LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 4/5/2021 and assigned Florida document number L21000157485.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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

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	EFRAIM SARAGOVIA	4651 SHERIDAN STREET	<input type="checkbox"/> Add
		SUITE 302 HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FAMILIA DE SARAGOVIA, LLC	3500 N 55 AVENUE	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ILANAT PARTNERS, LTD	2010 NE 210 STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANGELO ZARAGOVIA	4651 SHERIDAN ST	<input type="checkbox"/> Add
		SUITE 302	<input checked="" type="checkbox"/> Remove
		HOLLYWOOD, FL 33021	<input type="checkbox"/> Change
AMBR	ANGELO ZARAGOVIA	3751 NE 208 TERRACE	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	STELLA VOLOSIN	21055 NE 37 AVENUE	<input checked="" type="checkbox"/> Add
		#3205	<input type="checkbox"/> Remove

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	SEBASTIAN ZARAGOYA	4651 SHERIDAN STREET	<input type="checkbox"/> Add
		# 302	<input checked="" type="checkbox"/> Remove
		HOLLYWOOD, FL 33021	<input type="checkbox"/> Change
MGR	SEBASTIAN ZARAGOYA	1000 RIVER REACH DRIVE	<input checked="" type="checkbox"/> Add
		#119	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (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 7, 2021

Del. Jan

SEBASTIAN ZARAGOVIA

Typed or printed name of signee

Filing Fee: \$25.00