L22000480471

(Requestor's Name)
-
(Address)
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XI

COVER LETTER

	Registration Sec Division of Corp				
eun ie.c		ver Insurance Consulting LLC			
SUBJEC	1:	Name of Limi	ted Liability Company		
The enclo	osed Articles of A	amendment and fee(s) are sub-	mitted for filing.		
Please ret	rurn all correspor	dence concerning this matter	to the following:		
		Taylor Parr			
		Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Condence concerning this matter to the following:			
		Sebastian River Consulting	; LLC	© \$60.00 Filing Fee, Certificate of Status & Certified Copy	
			Firm/Company		
		188 Mabry Street			
			Address		
		Sebastian Florida 32958			
·					
			to be used for future arrival many motific	instina)	
For furth	er information co	·	·	ication	
Taylor P	arr	_		·	
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for th	e following amount:			
□ \$25.0	00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy	

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

SEBASTIAN RIVER INSURANCE CONSULTING LLC

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

(A Florida Limited L	iability Company)	
	10/01/2024	With the same
The Articles of Organization for this Limited Liability Company	were filed on 10/01/2024	and assigned
Florida document number L22000480471		(2.1)
This amendment is submitted to amend the following:		2024/13 and assigned
A. If amending name, enter the new name of the limited liabi	lity company here:	
Sebastian River Consulting		
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 ADDRESS)		
Enter new mailing address, if applicable:		<u>, </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	SS
	, F	lorida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	performance of my duties, a covided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is
company has been notified in writing of this change.	iaaress, i nereny conjirm in	iai ine umitea tiantity

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>	Address	Type of Action
AMBR	Sarah Parr	188 Mabry Street Sebastian FL. 32958	= Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
	ra.		□Remove
			□Change
			□ A dd
			□Remove
			□Change
			□Remove
			□ Change
			□ Add
			□ Remove
			□Change

				
				
				
				
Effective date, if other than the date is listed, the date must be the local of the date inscreed in this bloc locument's effective date on the Depinion.	k does not meet the appl	licable statutory filin	(optional ore than 90 days after filing g requirements, this date	g.) Pursuant to 605.0207
record specifies a delayed effective of is filed.	late, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b) T	he 90th day after the
ated	3:00 pm I	Est ·		
Pated	Taylor N	1 Parr		
Si	gnature of a member or au	thorized representative	of a member	
Taylor M Parr				

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 25, 2024

TAYLOR PARR 188 MABRY STREET SEBASTIAN, FL 32958 8-5 M-F Call this week

SUBJECT: SEBASTIAN RIVER INSURANCE CONSULTING LLC

Ref. Number: L22000480471

We have received your document for SEBASTIAN RIVER INSURANCE CONSULTING LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 024A00023569

Kec. Nov. 18,24