Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155

Phone : (305)226-8727 Fax Number : (786)947-0844

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN SEBASTIAN GROUP CORP

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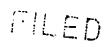
TO: Amendment Section

## COVER LETTER

Division of Con	porations			
NAME OF CORPO	RATION: SEBASTIAN GR	OUP CORP		
	BER: P2400007595!			
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.		
Please return all corre	spondence concerning this m	atter to the following:		
	LUCIA ESTRELLA			
		Name of Contact Perso	on	
	LICENSES & PERMITS LL	.C		
		Firn/ Company		
	8300 W FLAGLER ST SUI	TE 114		
		Address		
	MIAMI, FL 33144			
		City/ State and Zip Cod	de	
	LICENSES114@GMAIL.CO	ЭМ		
	_	sed for future annual repor	t notification)	
		•	,	
For further informatio	n concerning this matter, plea	se call:		
LUCIA ESTRELLA		at ( <sup>305</sup>	2268727	
Name o	of Contact Person	Area Co	) 2268727 de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made			
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ling Address		Address	
	ndment Section sion of Corporations	Amendment Section Division of Corporations		
	Box 6327	The C	entre of Tallahassee	
Talla	hassee, FL 32314	2415 }	v. Monroe Street, Suite 810	
		Tailaha	issee, FL 32303	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Articles of Amendment



	Articles of Incorporation of	2025 JAN 21 AM 9: 26
SEBASTIAN GROUP CORP	V.	= , wit 3, 59
(Name of Corp	oration as currently filed with the I	lorida Depti of State . FL ORIOA
P24000075951		and Confug
(D	Occument Number of Corporation (if I	known)
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	lorida Statutes, this Florida Profit Co	rporation adopts the following amendment(s)
A. If amending name, enter the new name of t	the corporation:	
name must be distinguishable and contain the war "Inc.," or Co" or the designation "Corp," 'chartered," "professional association," or the a	'Inc." or "Co". A professional co.	The new corporated" or the abbreviation "Corp.," rporation name must contain the word
B. <u>Enter new principal office address, if applie</u> Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	
). If amending the registered agent and/or registered agent and/or the new registered.	ered office address:	
Name of New Registered Agent		
	(Florida street address)	
	(Piorida sireet dadress)	
New Registered Office Address:	(City)	, Florida(Zip Code)
ew Registered Agent's Signature, if changing herehy accept the appointment as registered age.	Registered Agent: nt. I am familiar with and accept the	obligations of the position.
	Signature of New Registered Agent, if	changing
heck if applicable	against of the a negatiered agent, if	Ciningnig

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PŢ	J <u>ohn Doc</u>		
X Remove	<u>v</u>	Mike Jones	i.	
_X Add	<u>sv</u>	Sally Smith	1	
Type of Action (Check One)	<u>Title</u>	<u>Ni</u>	ame	<u>Address</u>
1) Change	S	Jo	se I Rauda Menjivar	18830 NW 43rd Ave
x Add				Miami Gardens, Fl 33055
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		<del>-</del> -		
Add				
Remove				
5) Change				
Add				
Remove				
δ) Change				
Add				
Remove				

Attach addition	adding additional A and sheets, if necessary,	). (Be specific)				
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an amendmen	nt provides for an exc	hange, reclassifi	cation, or cance	llation of issued	shares	
<u>rovisions for i</u>	implementing the amicable, indicate N/A)	endment if not c	ontained in the	amendment itse	<u> [:</u>	
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January 17, 2025
The date of each amendment(s) adoption:
Effective date [f applicable:
(no more than 90 days after amendment file date)
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.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) → by the shareholders was/were sufficient for approval.  ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
January 17, 2025
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the pands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Estefany J Castro Ortega
(Typed or printed name of person signing)
Pres
(Title of person signing)