

L15000031107
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : NUEVA VIDA ACCOUNTING CORP.
Account Number : 120150000017
Phone : (305) 752-7505
Fax Number : (305) 752-4409

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Nuevavidazcorp@hotmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SB & PB, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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D. SCOTT
OCT 20 2016

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SB & PB, LLC

The Articles of Organization for this Limited Liability Company were filed on 02/19/15 and assigned Florida document number L15000031107

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This amendment is submitted to amend the following:

A. If amending name, enter the new 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

Enter new principal offices address, if applicable: 8100 NW 53 Street Apt 277 Doral, FL 33166

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: Markon J. Chacin Ferrer

New Registered Office Address: 8100 NW 53 Street, Apt 277 Enter Florida street address

Doral Florida 33166 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 status 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.

Handwritten signature of Markon J. Chacin Ferrer

If changing Registered Agent, Signature of New Registered Agent

C. 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

Title	Name	Address	Type of Action
AMBR	Saricant, Angelo	10800 Biscayne Blvd, Suite 988, Miami, FL 33161	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Ponceleon, Maria A.	10800 Biscayne Blvd, Suite 988, Miami, FL 33161	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Chacin Ferrer, Marlon J.	8100 NW 53 Street, Apt 277, Doral, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Castillo, Andreina	9770 NW 74 Terrace, Doral, FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

Effective date, if other than the date of filing: _____ (optional)

(If and 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 specified 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 10/19, 2016



Signature of a member or authorized representative of a member

Angelo Saricant

Type or printed name of signer

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