

L16000126395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

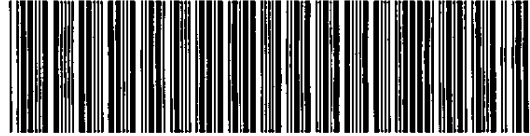
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AUG 03 2016
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 15 PM 3:10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 JUL 29 PM 2:51

July 19, 2016

MAXIMO R ESPINOZA
MCCOY & ESPINOZA, PA
15271 NW 60 AVENUE STE 201
MIAMI LAKES, FL 33014

SUBJECT: SB TRUCK PARTS LLC
Ref. Number: L16000126395

We have received your document for SB TRUCK PARTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 016A00014982

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TALLAHASSEE, FLORIDA
16 JUL 15 PM 3:11

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SB TRUCK PARTS LLC

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

The Articles of Organization for this Limited Liability Company were filed on July 1, 2016 and assigned Florida document number L16000126395.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SB ENTERPRISES USA LLC

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:

7875 NW 12 St.

(Principal office address MUST BE A STREET ADDRESS)

Suite 101

Doral, FL 33126

Enter new mailing address, if applicable:

7875 NW 12 St.

(Mailing address MAY BE A POST OFFICE BOX)

Suite 101

Doral, FL 33126

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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	Belkys Duran	7875 NW 12 St.	<input checked="" type="checkbox"/> Add
		Suite 101	<input type="checkbox"/> Remove
		Doral, FL 33126	<input type="checkbox"/> Change
MGR	Marie Gonzalez	7875 NW 12 St.	<input checked="" type="checkbox"/> Add
		Suite 101	<input type="checkbox"/> Remove
		Doral, FL 33126	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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