15000047400

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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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2015 JUN 12 P 12: 28
SECRETARY OF STATE

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COVER LETTER

	gistration Sect vision of Corpo			;		
SUBJECT:	SBA HOLDI	NGS OF FLORIDA, LLC				
SUBJECT.		Name of Lim	ited Liability Company		_	
		mendment and fee(s) are sub	-			
		Parnel D. Auguste				
			Name of Person			
Bernard and Auguste, P.A.						
Firm/Company						
100 East Linton Blvd, Suite 157A					~ -1	
			Address		2015 SEC	
		Delray Beach, Florida 334	45) :	2015 JUN 12 SECRETARY	_11
			City/State and Zip Code	, C.E.	⁷ 0	П
For further in	nformation con	E-mail address: (to be used for future annual report		P 12: 28	O
			at ()			
	Name of F	Person	Area Code Da	ytime Telephone Num	iber	
Enclosed is	a check for the	following amount:				
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif Certif	Filing Fee, ficate of Statu fied Copy onal copy is enc	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SBA HOLDINGS OF FLORIDA, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our recor a Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability C Florida document number $\frac{L15000047400}{L15000047400}$	Company were filed on 03/16/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LL	.C" of the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADD	RESS)	JUN 12 I
Enter new mailing address, if applicable:		D P 12: 21
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		ds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	F	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>	Address	Type of Action
MGRM	ASCCB,INC	12925 CLIFTON DR	
		BOCA RATON, FL 33428	■ Remove
			Change
MGRM	INVEST FOR LIFE, INC	718 PLACE CHATEAU	
		DELRAY BEACH, FL 33445	Remove
			Change
			Add
			□ Remove
			Change SET SH Change ALCAR JUN Add Add
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ective date, if other than the effective date is listed, the date must be: If the date inserted in this blument's effective date on the D	ock does not meet	the applicable	ate of filing or mo	re than 90 days requirements	optional) after filing this date) ;.) Pursuan : will not	t to 605.02 be listed
record specifies a delayed he 90th day after the rec		, but not a	n effective ti	me, at 12:	01 a.m.	on the	earlier
June 09	, 20	015					
100.	F Ann	Juste	シ				
- Jean	Signature of a mean		ul manuagam tasti	of a marries			

Page 3 of 3

Filing Fee: \$25.00