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(Add	dress)	
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(City	y/State/Zip/Phone	e #)
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COVER LETTER

	; gistration Sec ision of Corp			
SUBJECT:	SB RE, LLC	2		
SOBJECT		Name of Limi	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Sharon Levi Brandt		
			Name of Person	
		SB RE, LLC		
			Firm/Company	
		3800 N 45th Avenue		
			Address	
		Hollywood, FL 33021		
			City/State and Zip Code	" -
		sharonbrandt18@gmail.com		
		E-mail address: (to be used for future annual report notifi	cation)
For further is	nformation e	oncerning this matter, please ca	iH:	
Sharon Brai	ndt		305 546-8394 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

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

SB RE, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) hability Company)	_
The Articles of Organization for this Limited Liability Company of Plorida document number <u>L18000025146</u>	were filed on January 29, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		6
r		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		3 1 2 1 2 1
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	ffice address on our records, enter	ter the name of the
	, 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>	Type of Action
MGR	Sharon L Brandt	3800 N 45th Avenue	
		Hollywood, FL 33021	■ Remove
			Change
MGR	Sharon Levi Brandt	3800 N 45th Avenue	_
		Hollywood, FL 33021	Remove
			Change
			□ Remove
			☐ Change
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			Change
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fective date, if other than the on effective date is listed, the date must	ate of filing:		(optiona	l)
n effective date is listed, the date must ote: If the date inserted in this blo cument's effective date on the De	ck does not meet the applic	able statutory tiling r	than 90 days after filir equirements, this da	ig.) Pursuant to 605.0 te will not be listed
record specifies a delayed The 90th day after the reco	effective date, but no rd is filed.	ot an effective tin	ne, at 12:01 a.m	. on the earlier
ated	2018			
	$\overline{}$	·		
	Signature of a member or auth			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00