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COVER LETTER

Division of Corporations				
SUBJECT: SB LO	Name of Lim	•		
	Name of Lim	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Anthony J. Be	Pame of Person		
	SB Law Grow			
		Firm/Company		
	8350 NW 5	2 Jerrace Ste.30)]	
	Doral, FL 3	City/State and Zip Code Regmail - (6 M) to be used for future annual report notif		
	shlavarovoft	Damail. (am		
	E-mail address: (to be used for future annual report notif	fication)	
For further information cor	cerning this matter, please ca	all:		
Anthony J. B	pernal	at (786) 277-72	185	
Name of I	erson	Area Code Daytime	e Telephone Number	
Enclosed is a check for the	following amount:			
₹ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Stroot Address		

Registration Section

TO:

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

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8

SB Law Group, LLC			3 1
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	v as it now appears of ability Company)	n our records.)	The state of the s
	~· · · · · · · · · · · · · · · · · · ·	7/13/2020	
The Articles of Organization for this Limited Liability Company	were filed on	111510000	And assigned
Florida document number <u>L 20000201473</u> .			79. F
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:	;	
SB Law Group, PLLC			
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the desig	mation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
		· · · · · · · · · · · · · · · · · · ·	····
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		-	
		·································	
B. If amending the registered agent and/or registered office a	ddress on our recc	ords, enter the na	ame of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:	<u></u>		
New Registered Office Address:	Enter Florida	street address	
		Plonida	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office prompany has been notified in writing of this change.	performance of my rovided for in Cha	y duties, and Lai upter 605, F.S. C	m familiar with and Or, if this document is

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
AMBR	Anthony J. Bernal	8350 NW 52 Terrace, Str. 301 Doral, FL 33166	% Add
			□Remove
			□Change
			□Add
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			□Change

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Note:	ive date, if other than the date of filing:
he reco ord is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	July 27 . 2020
	Signature of a member or authorized representative of a member
	Anthony J. Bernal Typed or printed name of signee