

L01000000928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

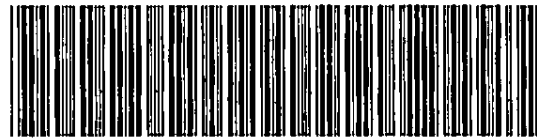
(Business Entity Name)

(Document Number)

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17 JUL 28 AM 11:49
TALLAHASSEE, FLORIDA

AUG 02 2017

YES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SBP FINANCIAL, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEPHEN B. PASKIND

Name of Person

SBP FINANCIAL, LLC

Firm/Company

7029 STIRLING ROAD - SUITE 4108

Address

DAVIE, FL. 33314-8000

City/State and Zip Code

SBP FINANCIAL @ GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHEN B. PASKIND

Name of Person

at (954)

Area Code

476-0553

Daytime 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) ☐ \$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**

SBP FINANCIAL, 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 01-18-2001 and assigned
Florida document number LC1000000928

This amendment is submitted to amend the following:

A. If amending name, enter the new name 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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7029 STIRLING ROAD

SUITE 4108

DAVIE, FL 33314-8000

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7029 STIRLING ROAD

SUITE 4108

DAVIE, FL 33314-8000

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: _____

7029 STIRLING ROAD - SUITE 4108

Enter Florida street address

DAVIE

City

Florida

33314-8000

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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17 JUL 2004 11:49 AM
ALLAHASSEE FLORIDA

17 JUL 28 AM
OFFICE OF
MILITARY AFFAIRS

17 JUL 28 AM 4:49
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

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.

Dated JULY 25, 2017, _____

STEPHEN B. PASKIND MANAGING MEMBER
Typed or printed name of signee