L03000016637

Florida Department of State
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SBD, LLC

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T. CLINE
AUG 12 2011
EXAMINER

RE-SUBMIT
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Electronic Filing Menu Corporate Filing Menu Help

TO: Registration Section
Division of Corporations

SUBJECT: SBD, 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:

Carol A. Simler
Contact Person

Withers Bergman LLP
Firm/Company

157 Church Street, 19th Fl.
Address

New Haven, CT 06510
City, State and Zip Code

tdevlin@daszkalbolton.com
Email address (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph W. Morales at 203-974-0401

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)

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
SBD, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for the Limited Liability Company were filed on 05/08/03 and assigned Florida document number L03000016637.

This amendment is submitted to amend the following:

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

North View, LLC

The new name must be distinguishable and end with the words "Limited Liability Company", the designation "LLC" or the abbreviation "L.L.C".

Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX

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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 608, 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 the Manager or Managing Member(s) on our records, enter the title, name and address of each Manager or Managing Member being added or removed from our records:

Title	Name	Address	Type of Action
MGRM	AGATSON, ARTHUR S DR.	1691 MICHIGAN AVE. SUITE 500 MIAMI BEACH FL 33139	☐ Add ☒ Remove
MGRM	AGATSTON, ARTHUR S DR.	1691 MICHIGAN AVE. SUITE 500 MIAMI BEACH FL 33139	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

Dated August 9, 2011

Signature of a member or authorized representative of a member

Dr. Arthur S. Agatston
(Typed or printed name of signer)

Filing Fee: $25.00

document number: MY34659/0001-US-12086081