L07000041768

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COVER LETTER

O: Registration Solution of Co		in the state of t	•
	ESTMENTS LLC	49.	
SUBJECT:	Name of Limi	ted Liability Company	· · · · · · · · · · · · · · · · · · ·
	Amendment and fee(s) are submondence concerning this matter	_	
	Peggy KEITH		
		Name of Person	······································
•	Prince CPA GROUP		
		Firm/Company	
	9161 Narcoossee Road, Su	ite 202	
		Address	·
	Orlando, FL 32827		
·		City/State and Zip Code	
	PKeith@princecpagroup.co	m to be used for future annual report notifi	cation
or further information of	concerning this matter, please ca	•	(callon)
Peggy KEITH		407 823 8230 at ()	
Name (of Person		Telephone Number
Enclosed is a check for t	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

SBG INVE	STMENTS LLC			
(Name of the Limited Liability Com (A Florida Limite	many as it now appears Ed Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Compa	ny were filed on	18th April, 2007	and assigned	
Florida document number L07000041768			,	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company her	<u>e</u> :		
xxxxxxxxxxxxxxxxxxxxxxx				
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the des	signation "LLC" or the a	bbreviation "L.L.C."	_
Enter new principal offices address, if applicable:			34 3	_
(Principal office address MUST BE A STREET ADDRESS)			SF SF	Y]
			25 T	r.c.3
			SE - F	5-8
Enter new mailing address, if applicable:	P O BOX 135546	5		
(Mailing address MAY BE A POST OFFICE BOX)	1100 US Highwa	y 27 Ste F		لخعيث
	Clermont, FL 347	714	AE T	_
				-
B. If amending the registered agent and/or registered		our records, <u>enter</u>	the name of the	new
registered agent and/or the new registered office address h	<u>ere</u> :		•	
N. O. P. C. LA				
Name of New Registered Agent:				-
New Registered Office Address:				_
	Enter Florid	la street address		
		, Florida		_
	Ciţ		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

Title	<u>Name</u>	Address	Type of Action
MGRM	Sigui GLATT	23 Abbey Road, London, NW8 9A1	Add
			□ Remove
		Saul Sigui GLATT (name amendr	Change
MGRM	Bernice LEVINE DE GLATT	23 Abbey Road, London, NW8 9A1	Add
			□ Remove
		Bernice Jean LEVINE DE GLATT	☐ Change
xxxxxxx	**********	<u></u>	
			□ Remove
			□ Change
xxxxxxx	***********		Add
			□ Remove
			Change
XXXXXXX	************************		Add
			Remove SS
			Change 1

			□ Remove
			Change

effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 eg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list timent's effective date on the Department of State's records. The cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early state is listed.	Please note the above changes are to the existing MGRM members and on	ly to show their FULL names
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	There is no change of address	
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Signature of a member or sutharized representative of a member	5th of <i>J</i> uly	
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Page 3 of 3

Filing Fee: \$25.00