

L08000060321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

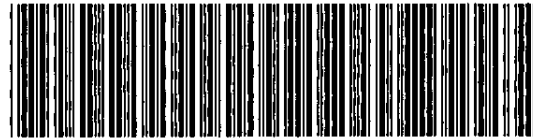
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FEB 23 2012

EXAMINER



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02/22/12--01025--006 **55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 22 PM 2:40

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SBM Services, 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:

Thomas D Silva, Sr

Name of Person

SBM Services, LLC

Firm/Company

981 Highway 98 East # 3-166

Address

Destin Florida 32541

City/State and Zip Code

vinauthement@yahoo.com

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

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DIVISION OF CORPORATIONS
12 FEB 22 PM 2:40

For further information concerning this matter, please call:

Thomas D Silva, Sr

Name of Person

at (850)

502-0633

Area Code & 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**

SBM Services, 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 June 20, 2008 and assigned
Florida document number L08000060 321.

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Vince Authement

New Registered Office Address:

981 HWY 98 E, #3-166

Enter Florida street address

Destin

City

, Florida

32541

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Thomas D Silva, Sr	4516 Highway 20 East # 211 Niceville Florida 32578	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Lovelyn K Silva	4516 Highway 20 East # 211 Niceville Florida 32578	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Vince Authement	981 Hwy 98 E # 3-166 Destin Florida 32541	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated February 10

2012

Signature of a member or authorized representative of a member

Thomas D Silva, Sr

Typed or printed name of signee