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(Requestor's Name)
(Address)
. (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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99 JUL 20 PM D: 49
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

S. HAWKES



EXAMINER S. HAWKES

JUL 2 1 2009

EXAMNER



July 7, 2009

KENNETH RATNER PO BOX 7168 JUPITER, FL 33468-7168

SUBJECT: SBI PARTNERS LLC Ref. Number: L09000062642

We have received your document for SBI PARTNERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 909A00023206

D O DOV 6007 (Table) ----- File (1)

COVER LETTER

Division of Corporations			
SUBJECT: SBI PARTNERS LLC			
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Kenneth Ratner			
Name of Person			
SBI Partnes LLC			
Firm/Company			
P 0 Box 7168			
Address			
JUPITER FL 33468-7/68			
City/State and Zip Code			
Kenratner C comcast. net			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Kenneth Ratner at (561) 629-3289 Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section			
Division of Corporations Division of Corporations			
Clifton Building P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
\$25 Filing Fee & Certified Copy			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SRI Paul	iners LLC	2 % G	
(Name of the Limited Liability Co (A Florida Limi		ers on our records.)	
(A Fiorida Limi	ited Liability Company)		
The Articles of Organization for this Limited Liability Comp	pany were filed on	6 24 2009 And Passigned	
Florida document number <u>L0900062642</u> .		757 FO	
		All Control of the Co	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :	
		ملك مدسد والد	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Comp	any," the designation "LLC" or the abbreviation	
L.L.C.			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>'S)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8 PO JUP	Box 7168 Itten, FL 33460-7168	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter the name of the new	
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 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>	Type of Action
			Add Remove
	,		
			D Add Remov
.			A Remove
D. If amen	ling any other information, en	ter change(s) here: (Attach additional s	
•			
 Dated	7/16	, 2009	
		member or authorized representative of a	member

Page 2 of 2

Filing Fee: \$25.00